Universidade Nova de Lisboa, Faculdade de Ciências Médicas

Service satisfaction among patients attending the psychiatric Outpatient clinic of the Mental Health Care Centre, Windhoek Central Hospital

BY

Ndahambelela Frederika Nepando Mthoko

FOR

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Supervisor: **Prof. Bernardo Barahona- Correa**

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Abstract

Background: Patients are the primary beneficiaries of the services that health institutions provide. Patient satisfaction is an important indicator for measuring the quality in health care. Knowing whether patients are satisfied with the care they receive can be useful for improving the quality of health services.

Aim: The study aimed to determine the extent to which patients attending the outpatient section of a Mental Health Care Centre were satisfied with the services they received, and to assess the relationship between demographic variables with different domains of patient satisfaction.

Setting: Mental Health Care Centre of Windhoek Central Hospital, Namibia

Methods: A purposive sample of 51 patients attending the outpatient section of the Mental Health Care Centre participated in focus-group discussions and face-to-face in-depth interviews. In addition, a cross-sectional survey of 263 patients attending the same institution was carried out using a structured questionnaire.

Results: The study found that 88.5% of participants were satisfied with the services they received, and that patients' demographic characteristics affect patients' satisfaction levels. Participants were more satisfied with perceived outcome, and dissatisfied with information and participation in treatment plan.

Gender, age, marital status and education were significantly associated with overall satisfaction; however, no such significant associations could be found for employment.

Conclusion: Although only a small proportion of patients expressed dissatisfaction with the services provided, they are significant in that they constitute a call for action by the Mental Health Care Centre management to encourage the health personnel to embrace a staff-patient relationship ethos, in which the patient is viewed as a customer.

Key words: patient satisfaction, mental health service, outpatient

Resumo

Informações: Os pacientes são os principais beneficiários dos serviços prestados nas unidades de saúde. A satisfçã do pacientes é um importante indicador para medir a qualidade dos cuidados de saúde. Saber se os pacientes estão satisfeitos com os cuidados que recebem, pode ajudar a melhorar a qualidade dos serviços de saúde.

Objetivo: O objetivo do estudo foi medir o grau do satisfação dos pacientes atendidos na área de ambulatorio de um centro de saúde mental e avaliar a relação entre variááveis demograficas e diferentes niveis de satisfação do paciente.

Cenário: Centro de Saúde Mental do Hospital Central de Windhoek, Namíbia

Mėtodos: A amostra foi constituída, por 51 pacientes tratados na seção de ambulatório do referido centro de saúde mental, que participaram igualmente em discussões de grupos focais e entrevistas pessoais em profundidade.

Além disso, realizou-se uma pesquisa transversal de 263 pacientes tratados na mesma instituição por meio de um questionário estruturado.

Reultados: O estudo constatou que 88.5% dos participantes estavam satisfeitos com os serviços recebidos e que as características demográficas dos pacientes afectavam os seus níveis de satisfação. Os participantes estavam mais satisfeitos con o resultado percebido e insatisfeitos com a informação sobre e participação em metas de tratamento.

Sexo, idade, estado civil e educação significativamente associados com a satisfaçao geral, mas nenhuma associação foi significativa no caso da emprego estiveram

Conclusões: Embora apenas um pequeno número de pacientes manifestaram a sua insatisfaçao com o atendimento recebido, este facto é significativo e constitui um - chamada à ação para os gestores do Centro de Saúde Mental, e servindo também para motivar o pessoal de saúde a ter uma relação adequada com os pacientes em que estes são vistos como seres humanos.

Palavras chave:satisfação do paciente, servicos de saúde mental, paciente do ambulatório

Resumen

Informacion: Los pacientes son los principales beneficiados de los servicios que las instituciones de salud proporcionan.

El conocer si los pacientes están satisfechos con la atención que reciben, puede ser útil para mejorar la calidad de los servicios de salud.

Objetivo: El estudio tuvo como objetivo, medir el grado de satisfacción de los pacientes atendidos en la area de Consulta Externa de un Centro de Salud Mental y para evaluar la relación entre las variables demográficas y los diferentes niveles de satisfacción de los pacientes.

Escenario: Centro de Salud Mental del Hospital Central de Windhoek, Namibia

Métodos: La muestra escogida fue constituida por los 51 pacientes que fueron atendidos en la sección de consulta externa del centro de salud mental quienes participaron en discusiones de grupos focales y entrevistas personales, a profundidad.

Además se llevó a cabo una encuesta transversal a 263 pacientes atendidos en la misma institución, mediante un cuestionario estructurado.

Resultados: El estudio encontró que el 88.5% de los participantes se mostraron satisfechos con los servicios recibidos y que las características demográficas de los pacientes afectan sus niveles de satisfacción. Los participantes estaban más satisfechos con el resultado percibido e insatisfechos con la información y la participación en los objetivos del tratamiento.

Genero, edad, estado civil y educación se asociaron significativamente con lo satisfacción general, sin embargo no hay tales asociaciones significativas en el caso de el empleo.

Conclusiones: Aunque solo una pequeña cantidad de pacientes expresaron insatisfacción con el servicio recibido, ello es significativo por constituiré un llamado a la acción por los gestores del Centro de Salud Mental, sirviendo además para motivar al personal de salud mental para tener una adecuada relación con los pacientes en el cual estos sean vistos como seres humanos.

Palabras lelaves: satisfacción- paciente, servicio de salud mental, paciente externo

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Section 1: Introduction

There has been a growing acceptance, over the past few decades, of monitoring health care organizations in order to give feedback to providers about important aspects of their resource utilization and performance.
The World Bank and other donors advised developing countries to ensure that limited resources not only have an optimal impact on the population's health at an affordable cost but also that health services are client-oriented. [1-4] There is a need to hold those who control and provide essential services more accountable to their patients.
Health care organizations' performance, however, cannot be defined without considering the explicit goals that reflect the values of various stakeholders, such as patients, professionals and regulators.
The concept and approaches of needs assessment, satisfaction, and health-related quality of life seems fundamental to good practice, quality care, and community participation at a time of greater patient empowerment.

Quality assessment studies usually measure one of three types of outcomes: medical outcomes, costs, and patient satisfaction. Assessing outcomes has merit both as an indicator of the effectiveness of different interventions and as part of a monitoring system directed to improving quality of care as well as detecting its deterioration. [5,6] However, very few performance measurement systems focus on health outcomes valued by users of the services. In response to this lack of user input, measurement of patient satisfaction has gained importance, along with an increased emphasis on patient empowerment within health services.[7,8]

One approach to eliciting clients' opinions is through satisfaction surveys. For the satisfaction studies, patients are asked to assess not their own health status after receiving care but their satisfaction with the services delivered.[9-11]

Section 1. Introduction

Although several patient surveys were conducted from the 1970s, the use of satisfaction ratings as treatment outcome measures increased in popularity during the 1990s because of the growing recognition given to the patient's point of view in treatment. Donabedian[12] argues that the ultimate validator of the quality of care is its effectiveness in "achieving or producing health and satisfaction". Patient satisfaction is a key determinant of quality of care.

Data on patient satisfaction have been used as dependent variables to evaluate provider services and facilities, on the assumption that patient satisfaction is an indicator of the structure, process, and outcome. Satisfaction data have also been used as independent variables to predict patient's behavior such as use of services on the assumption that differences in satisfaction influence what people do.

The rationale behind patient satisfaction surveys is sound and simple: providers can adjust how they deliver care based on the feedback they receive. Collecting and analyzing patient satisfaction data should be viewed as some aspect of a broader strategy for involving patients in the design and improvement of health care.

Assessment of service satisfaction in mentally ill patients has been relatively neglected because of a view that a lack of insight may compromise the validity of self-reported outcomes. While these difficulties should not be discounted, over the past few years a growing body of evidence has shown that self-reports of people with mental illness are reliable and convey valid and useful information.[13.14]. This suggests that mental illness does not necessarily undermine the ability of patients to report their views and experiences.

Measurement of patients' satisfaction in psychiatric clinics is important because patients' satisfaction has been correlated with improved clinical outcomes and administrative measures of high-quality care – for example, fewer readmissions. In addition, measurement of patients' satisfaction allows organizations to identify areas of service delivery that can be improved. Ongoing improvement of service delivery and clinical outcomes is essential if a psychiatric clinic is to become and remain competitive in the current mental health care environment

This study aimed to measure patient satisfaction in a tertiary care hospital. Studies of this kind have been conducted elsewhere, but none has been done in Namibia. Nothing is known about service satisfaction among patients attending the Mental Health Care Centre (MHCC), Windhoek Central Hospital (WCH).

Section 1. Introduction

This is the first patient satisfaction study at the Mental Health Care Centre. It underscores the importance of developing mechanisms for assessing the overall performance of the Centre, and patient satisfaction with this performance**.** The results of the survey will contribute to quality improvement, public accountabilit**y** and transparency, and will guide us in working towards the vision of WCH, which is to *"be the leading provider of quality health care and social services in the world".*

The rest of this paper will be organized as follows: The next section will focus on a review of literature, followed by the research question, research design and methodology. Consequently, the information collected and analysed during phase I of the study is presented in Section 6; while Section seven deals with information collected and analysed during phase II. The final sections focus on the discussion, and recommendations for the study.

Section 2: Literature review

The modern approach to healthcare seeks to engage the attention of both patients and the public in developing healthcare services and equity of access, but this is not easy to achieve, requiring time, commitment, political support and cultural change to overcome barriers to change.[15,16] Improvement in selected aspects of health care delivery through quality assurance and outcome assessment has been driven by political expediency. While this is important, a 'bottom up' assessment of patient satisfaction seems preferable if service improvement is to be translated into outcomes that are meaningful to patients, especially improved quality of life.[17,18] The assessment of patient satisfaction with the process of care is an important measure of the care quality, and it allows identifying the phases of the process that need to be improved.

2.1 Satisfaction

Patient satisfaction is playing an increasingly important role in quality of care reforms and health-care delivery. It has been suggested that patient satisfaction is associated with health outcome[19] and that its measurement may raise issues that service providers often fail to identify.[20]

Satisfaction can be defined as the extent of an individual's experience compared with his or her expectations.[21] Patients' satisfaction is related to the extent to which general health care needs and condition-specific needs are met. Evaluating to what extent patients are satisfied with health services is clinically relevant, as satisfied patients are more likely to comply with treatment[22], take an active role in their own care,[23] and continue using medical care services.[24] In addition, health professionals may benefit from satisfaction surveys that identify potential areas for service improvement, and health expenditure may be optimised through patient-guided planning and evaluation.[16]

2.1.1. Components of satisfaction

Patient satisfaction is multifaceted and a very challenging outcome to define**.** Patient satisfaction is a subjective measure with no definite relationship to external realities. Two persons given exactly the same treatment and stimuli will not perceive these services as being exactly similar. Several researchers have called attention to the lack of conceptual agreement in the field of patient satisfaction research.[25,26]

As pointed out by Thompson and Sunol[25], patients' expectations prior to care delivery appear to be taken for granted as an important factor in most studies of patient satisfaction. Researchers have viewed satisfaction as the degree of discrepancy between expectations and experience. Satisfaction has been proposed to occur when experiences are equal to, or better than, expectations.

When appraising satisfaction, it is not clear what aspects of care are being considered. Furthermore, the patients' preferences, expectations, values and desires will play a role irrespective of whatever care is provided. In addition, the use of ordinal scales, by which each patient rates his or her level of satisfaction, is an abstraction that cannot be claimed to be the same for all respondents. Hence, patients

will have different response styles when appraising their satisfaction with health services. It is difficult to reveal the extent to which satisfaction results are due to subjective psychological factors that are not amenable to change by health services.

Although there seems to be agreement in the literature that satisfaction results do reflect care characteristics, they also reflect patient characteristics that are beyond the control of health service providers. Crow et al[27] identified expectations, health status and socio-economic and demographic characteristics of patients as determinants of satisfaction related to patient characteristics.

Patient satisfaction surveys have been criticized for underestimating dissatisfaction and hiding poor experiences, due to a desire on the part of patients not to appear ungrateful, as well as their acceptance of the limitations of health care delivery.[18,28] An alternative approach involves asking patients to rate their experiences of those aspects of health care that assess more concrete experiences, for example accessibility timely response, and ultimate outcome.

2.1.2. Measurement of patient satisfaction

Emphasis on patient satisfaction with health and medical care services is increasing, as evidenced by the greater frequency of empirical and theoretical publications regarding satisfaction in recent years. Critics draw attention to the lack of a standard approach to measuring satisfaction and of comparative studies.[29.30] Therefore, the significance of the results of those surveys that do exist in the literature is often ignored. There is less controversy with respect to *clinical outcome* measures, as health-related quality of life is not only widely regarded as a robust measure of outcome assessment but also is extensively used in several clinical areas.[31,32]

Given the number of experiences that patients will perceive during mental health treatment, single global scores may disguise divergent judgements on different aspects of care. The measurement instrument must be multi-dimensional and not uni-dimensional. The components of a given service must be broken down in such a way that patients can express their satisfaction in various components. The instrument should be designed to measure the various components and should not merely measure overall satisfaction.[33] It is, therefore, important that the medical care services is broken down into various components before going ahead to ask the patients what their satisfaction levels are for the various areas. The selection of items to capture the nature and number of important dimensions of care is thus of crucial importance when assessing patients' perception of health services. There is evidence that more detailed and specific questions reveal greater levels of dissatisfaction than more general questions. Hence, there seems to be a growing understanding that dissatisfaction with specific aspects of care may be concealed by general ratings of overall satisfaction. It is important to take into account the possible multidimensional nature of the concept of satisfaction.[27] Hence, several items may be necessary to cover critical aspects of satisfaction with health care.

Different classifications of the essential dimensions of patient satisfaction have been proposed. Using factor analysis[27], items are combined to measure important dimensions that provide a smaller number of measures that are both detailed enough to capture satisfaction and manageable from an analytical point of view.

Other researchers have called attention to a need for user involvement in instrument design and research[34,35]. When patients are not consulted about or involved in the design of satisfaction surveys, the instruments used might not ask important questions and may be biased toward the perspectives of the service provider[36-40]. Satisfaction instruments are often designed on the basis of what is assumed to be important from a provider's point of view, and important patient views may be overlooked. Hence, it has been proposed that information from qualitative in-depth interviews with patients provide vital information about what is important from a patient's point of view. Qualitative approaches have stronger potential to uncover more in-depth facts than a fixed form questionnaire.

In qualitative interviews, patients have emphasized that the interpersonal relationship between patients and staff is a key factor, in addition to effective responses to frequent long-standing problems.[41,42] Furthermore, the patients' perception of being understood, as well as trust and a good personal relationship with

clinicians have been proposed as key elements from a patient's point of view.[43-45] It follows that those aspects of satisfaction that are valued by patients are associated with the core of the therapeutic process, such as the therapeutic alliance and obtaining help with their problems.

However, there is no common agreement about what instrument to use for measuring patient satisfaction with mental health services. Different instruments have been developed for users of mental health services. In Europe, the Verona Satisfaction Scale[46,47], and a Swedish questionnaire from the University of Lund/SPRI have had some dissemination[48]. However, many instruments are based on prior instruments that have been adjusted to local needs[49-51]. One reason for this may be that many aspects of patient satisfaction cannot be measured or interpreted without considering the specific context in which the services have been received.

2.2 Service

Before, during, and after service delivery, service organizations set customer expectations. These expectations relate to the nature of the service package, as well as to the nature, duration, and customer flexibility during the service encounter. To ensure that the service package and service encounter fit the needs of the customer and the service organization itself, organizations must focus on the design and delivery of their service concept.

The key principles for organizing mental health services include among others:

i) *Accessibility: Essential mental health care should be available locally so that people do not have to travel long distances. Services also have to be affordable and acceptable.*

ii) *Comprehensiveness: People with mental disorders need a range of different coordinated services, as well as a range of treatments. In addition to managing health needs, services need to address longer-term community integration needs, such as social services, and employment.*

iii) *Continuity and coordination of care: Many mental disorders, especially those with a chronic course or with a relapsing-remitting pattern, are better managed by services that adopt a continuing care model. A continuing care approach also emphasizes the need to address the totality of patients' needs, including their social, occupational, and psychological requirements.*

iv) *Needs-led care: To be effective, mental health services should be designed on a needs-led basis, rather than on a service-led basis. This means adapting services to users' needs.*

v) *Effectiveness Service development should be guided by evidence of the effectiveness of particular interventions and models of service provision.*

vi) *Respect for human rights: International human rights norms and standards should be respected when providing services for people with mental illness*[52].

The performance of health care organizations' however, cannot be defined without considering the explicit goals that reflect the values of various stakeholders, such as patients, professionals and regulators. Service user participation in the evaluation of mental health services is an important element in the development of these services. A final area of outcome measures on the service system level concerns patients' satisfaction with services delivered. Satisfaction with care, which is an indicator of service excellence, is an area where user involvement could be useful.

Donabedian[53,54], who has been credited with a considerable number of theoretical contributions that define the quality of health services, called attention to the need for investigations of the causal linkages between structural attributes of the settings in which care occurs, the processes of care, and the outcomes of care[23]. Donabedian also emphasized the question of whether individual or social preferences define the optimum quality of services, and defined the patient– practitioner interaction within the core concept of quality.[53]

According to the publication '*Seeing the person in the patient'* by Goodrich and Cornwell[55] the 'patient-centred care" concept includes the following dimensions: "i) compassion, empathy and responsiveness to needs, values and expressed preferences; ii) co-ordination and integration; iii) information, communication and education; iv) physical comfort; v) emotional support, relieving fear and anxiety; and vi) involvement of family and friends." Accordingly, health services have to meet the clinical needs of the population, and have to ensure respect for each individual person, prompt attention, quality of amenities, access to social support networks and choice of the provider.

2.3 Quality

The need to improve quality in healthcare delivery is increasing**.** Outcomes have received special emphasis as a measure of quality. In mental health care, quality is a measure of whether services increase the likelihood of desired mental health outcomes and are consistent with current evidence-based practice. Quality is important for all mental health systems, from a variety of perspectives. From the perspective of a

person with a mental disorder, quality ensures that they receive the care they require and their symptoms and quality of life improve. From the perspective of a family member, quality provides support and helps preserve family integrity. From the perspective of a service provider or programme manager, quality ensures effectiveness and efficiency. From the perspective of a policy maker, quality is the key to improving the mental health of the population, ensuring value for monies expended and accountability.

Improved quality means that mental health services should:

- preserve the dignity of people with mental disorders;
- provide accepted and relevant clinical and non-clinical care aimed at reducing the impact of the disorder and improving the quality of life of people with mental disorders;
- use interventions which help people with mental disorders to cope by themselves with their mental health disabilities;
- make more efficient and effective use of scarce mental health resources; and
- ensure that quality of care is improved in all areas, including mental health promotion, prevention, treatment and rehabilitation in primary health care, outpatient, inpatient and community residential facilities[56].

The second fundamental dimension of service quality is not concerned with what is delivered, but rather processes of how the core or technical service is delivered. Grönroos[57] asserts that, this functional quality is concerned with the interaction between the provider and recipient of services and is assessed in a highly subjective manner. It is viewed as critical to client perceptions of overall service quality, especially since many service organizations find it difficult to differentiate themselves on their core service alone. Furthermore, as the core service eventually becomes a commodity as competition increases and the industry matures, the functional quality dimensions become increasingly important as a means of creating a sustainable competitive advantage. These functional quality dimensions are mainly concerned with the courtesy and friendliness shown to the client, making efforts towards understanding his/her circumstances, displaying empathy, giving prompt service, responding to queries and complaints.

A famous statement on the performance-quality-management relationship argues: "The ultimate goal is to manage quality. But you cannot manage it until you have a way to measure it, and you cannot measure it until you can monitor it[58]".

According to Murante[59], if health policies have to be patient centred, managers and public officers need to monitor patient experience and use the obtained results to plan services and to evaluate performance.

2.4 Existing data and findings

Research in mental health services has indicated the need to improve care for people who have or are at risk of developing mental health disorders. The use of client feedback to evaluate and improve the quality of service delivery is widely supported[36,37,60-62].

The measurement of patient satisfaction is recognized as an important part of health care evaluation, quality indicators and performance measurement. Patient satisfaction is central to the World Health Organization's framework for assessing the performance of health systems[63]. It is included as one of three core quality dimensions in the organization for economic co-operation and the development quality indicator framework[64]. Satisfaction with psychiatric services represents a component of the patients' perspective in outcome assessment and an important goal for providers. It is an essential factor for therapeutic outcome and predictor of long-term prognosis of an illness.

Assessment of patients' satisfaction with mental health services has become accepted by health planners as a measure of quality of care[65,66]. Despite the reservation in the literature about the capacity of patients with severe mental disorders to give reliable opinion about satisfaction with services, and the possibility of biased opinion because of a tendency towards "an agreeing responses set,"[67] it was found that patient satisfaction, but not clinician or referrer satisfaction, was a more accurate indicator of quality of care than standard indicators[68].

Studies indicate that global satisfaction is affected by many factors other than the quality of service delivery; these may include factors such as patients' demographics[69] diagnosis[70,71] treatment programme[72] and chronicity of disease. There are conflicting findings about the relationship of demographic characteristics with service satisfaction[73] Some studies found no significant gender difference[65,74-78], others found that women had higher satisfaction scores than men[79,80]. Age was reported to be correlated with aspects of service satisfaction in most studies[77,81], but not in others.[75] Furthermore, there are conflicting reports about the role of socio-economic indices such as education, housing[75,82] and marital status[15] and measures of patient satisfaction.

The relationship between satisfaction and effectiveness and on the other hand the association between dissatisfaction and discontinuation of care has been shown in previous studies[83]. Chronically ill and more disabled patients were more likely to be dissatisfied with the overall care they received. There is evidence that poorer health status is associated with lower levels of reported satisfaction[27]. Studies have consistently found a clear correlation between self-perceived health status and patient satisfaction[84,85] However, when patients themselves respond to questions about their health status and satisfaction in the same questionnaire, the results may be influenced by a generalized response bias[86].

Studies have found a relationship between symptom relief and satisfaction[87]. One could speculate on the extent to which satisfaction levels are due to symptom improvement following care, or whether satisfaction levels follow mood fluctuations independent of care delivery.

Assessing client satisfaction is a key measure of program performance. Knowledge of the pattern of service satisfaction could help to identify the strengths and weaknesses of services, and provide guidance for further development[88,89]. Satisfaction data can help spot areas where the process can be improved.

Health services (care organizations) has to be monitored in order to give feedback to providers about important aspects of their resource utilization and performance

Section 3: Research Question and Objectives

3.1 Research question

What is the rate of service satisfaction among the current service users of the Mental Health Care Centre, Windhoek Central Hospital?

3.2 Aim

The study aims to measure patient satisfaction in a tertiary care hospital in order to know the patients' perspectives of the services and make appropriate improvements accordingly.

3.3 Research objectives

3.3.1. To determine the pattern of satisfaction with mental health care for a sample of people attending Outpatient at the Mental Health Care Centre, Windhoek Central Hospital.

3.3.2. To investigate whether patients' satisfaction with their mental health care is related to their demographic variables (their age, gender, marital status, and education).

Section 4: Study Design and Setting

4.1 Study design

This was an observational, cross-sectional study conducted at the Psychiatric Outpatient clinic of Windhoek Central hospital. It was a two-phase hospital-based study of patients' satisfaction with mental health services.

4.2 Setting

The study has been conducted in Namibia**.** Namibia is located along the south-western coast of Africa. It has a surface area of 824,116km^2. The population of Namibia is estimated at 2.1 million in the latest (2011) census with a population density of 2.5 km^2. Of the total persons enumerated, 51% are females and 49% are males, 42% live in urban and 58% in rural areas.

The study was carried out at the Outpatient clinic of Mental Health Care Centre, which is a Psychiatry department under the Windhoek Central Hospital in Namibia. This is the public hospital and serves as a referral and teaching hospital. The hospital consists of 852 in-patient beds, of which 200 are at the Mental Health Care Centre. The Mental Health Care Centre Outpatient clinic offers evaluation and treatment of a wide range of psychiatric disorders for patients of all ages. The average monthly attendance at the Outpatient clinic of the Mental Health Care Centre is 530. Patients are mainly referred by primary care, but patients can also self-refer. Provider staff includes medical officers, psychiatrists, nurses, clinical psychologists, social workers and occupational therapists, all practicing in a collaborative, team environment. Patients attending treatment at the Outpatient clinic are supposed to take advantage of the services provided by the clinic as a whole. Treatment approaches include medication evaluation and management, as well as individual, family, and group psychotherapy for patients who are likely to benefit from these interventions. Treatment is goal-oriented, using approaches that are supported by clinical research and focused on symptom relief and overall wellness.

There are no community-based mental health care services or specialized out-patient facilities for specific disorders. All mental health services provided to Namibian Nationals at public health facilities are free –of–charge. The clinic is accessible to people with disability, and offers free parking.

4.3 Sampling

Participants were randomly recruited from the Mental Health Care Centre (MHCC) of Windhoek Central Hospital. All patients receiving treatment at the MHCC are registered through the Outpatient Department.

4.4 Target population

The target population was the Mental Health service users in Namibia.

4.5 Study population

The study population was all current service users of the Mental Health Care Centre, Windhoek Central Hospital.

4.5.1 Inclusion criteria (all three of the following)

1. Adult patients attending the Outpatient clinic at the Mental Health Care Centre, Windhoek Central Hospital aged 18 years and above.
2. Patients who could independently provide informed consent to participate in the study.
3. Patients who attended the Outpatient clinic at the Mental Health Care Centre at least three times in the past twelve months

4.5.2 Exclusion criteria (any of the following)

1. Patients below 18 years
2. Patients who will not give informed consent
3. Those currently in prison
4. Psychotic patients and patients with severe cognitive impairment

4.6 Ethical approval

Ethical approval for the study was obtained from the Ethical and Research Committee of the Ministry of Health and Social Services in Namibia. Patients gave verbal consent after the objectives of the study had

been explained to them. They were duly informed that there would be no negative consequences for declining to participate, and that they were within their rights to refuse to participate.

Study participants were also assured of confidentiality and that their names would not be used in the study documents or for further publication purposes, instead they will only be identified by serial numbers

Section 5: Data Analysis

The qualitative data were thematically analyzed. The researcher carefully read and reread the responses to identify concepts, which were then explored for meaning and finally categorized into themes. Positive statements, negative statements and proposals for change were placed in different parts. These different parts were then analysed by sorting important information; identifying patterns; organising and reducing it to meaningful, manageable sizes and putting it together.

The quantitative data obtained from the survey instruments (regarding demographics, and service satisfaction) were statistically analysed using the Statistical Package for Social Scientists (SPSS) statistical program, version 21. The Questionnaire was coded before data entry. Descriptive summaries are in form of frequency tables, simple and multiple bar charts, measures of centrality and dispersion. To establish whether there were significant associations between users' service satisfaction and demographic as well as between users' satisfaction with services and the dimensions: "access to care", "quality of services", "patient's participation in the service plan", "patient's perceived outcomes", "information provision", and "patient's participation in treatment goals" cross tabulations and Chi-squared tests of association were conducted. In all analyses, a probability value of $p < 0.05$ was considered statistically significant.

Section 6: PHASE I: Data Collection and Results

The first phase was exploratory in nature and utilized a qualitative design. One of the major distinguishing characteristics of qualitative research is the fact that the researcher attempts to understand people in terms of their own definition of the world. By utilizing a qualitative approach, an attempt was made to understand the patients' satisfaction, from the subjective perspective of the individuals involved.

6.1 Objectives of phase I

The objectives of this phase were as follows:

1. To explore the areas of service that patients were satisfied with
2. To explore areas of service that patients were dissatisfied with
3. To develop a structured questionnaire for use in phase II of the study

6.2 Sampling of phase I

Participants were drawn from patients attending the Mental Health Care Centre Outpatient's department. Patients participated in exploratory interviews. Random purposeful sampling was used to select patients who participated in the first phase. Convenient sampling was used to select patients who participated in the focus-group discussion.

6.3 Sample size of phase I

There are no rules for sample size in qualitative inquiry. In purposive sampling the size of the sample is determined by informational consideration. The sampling was terminated when no new information was forthcoming from newly sampled units - that is, sampling continued to redundancy. In total twenty (20) patients were interviewed and 31 patients (6-7 patients per group) participated in focus-group discussions. In total 51 patients participated in the first phase.

6.4 Data gathering of phase I

The first phase consisted of in-depth interviews and focus-group discussions with the patients who attended the Outpatient clinic of Mental Health Care Centre, WCH. The researcher described the purpose of the interview to the patient individually, answered the questions that some of them posed and obtained patient's verbal consent to participate. It was explained that the purpose of the study was to improve mental health services. Patients were informed and assured that they were under no obligation to participate and that should they decline, their treatment would not be affected in any way. Patients were willing to discuss their views with the researcher. During the study, no patient declined.

Participants were asked about their experiences of obtaining services at the MHCC and the extent to which they were satisfied with the services, ranging from the assistance they received at the reception to the services they received at all the service delivery stations to which they went.

An interview guide (see appendix A) was used during the interview. Participants were asked specific open-ended questions that sought to elicit expressions of satisfaction or dissatisfaction. This provided them with the opportunity to explain in their own words what they were satisfied or dissatisfied with, and to suggest changes that could improve the situation.

In the open-ended exploratory interviews participants were asked not only to state their satisfaction and dissatisfaction, but also to give suggestions to improve the service. The interview guide enabled the interviewer not to neglect any area represented by the research questions. It further ensured that the same information was obtained from a number of people by covering the same material. The style of the interview was conversational and was not time-limited. The interviewer was free to probe further following responses to specific questions if it was felt that further enquiry could yield new information on the theme at hand. Participants were interviewed over a period of a month.

In an effort to validate the information collected through individual in-depth interviews, it was found necessary to hold focus group discussions to see whether these were the areas or issues on which group consensus could be demonstrated. Five (5) focus groups were conducted. The interviewer used a focus-group discussion guide (see appendix B). The discussion lasted on average one hour thirty minutes per group.

6.5 Results of phase I

The exploratory interviews and focus-group discussions were thematically-analyzed. Themes that surfaced repeatedly in the in-depth interviews and where there was consensus in the focus-group discussions were identified.

6.5.1 Area of dissatisfaction

The major themes that surfaced in relation with dissatisfaction were access to services, quality of services and information.

i) Access to services

Included in this dimension was distance or proximity to site of care, time and effort required to get to the place where care is delivered, convenience of location, and access to various services provided at the MHCC.

Some patients described problems accessing service-delivery site:

- "*I have problems with transport money*"
- "*I have to foot from home to hospital and it is a long distance*".

Another patient who was on medication other than the psychotropic said:

- "*Every time I come here my medication is not available. I have to go to Katutura clinic and be in a queue again*"

Some patients wanted to be referred for Brain scan, while others wanted to see other members of the multidisciplinary team. One patient said:

- "*I wanted to be seen by the social worker, for the consideration of disability grant*".

ii) Quality of services

This dimension focused on waiting time at the place where care is received, services provided by different health workers, confidentiality and respect by health workers, and whether there were enough health care providers - doctors, nurses, and other providers.

Some patients were dissatisfied with the time they had to wait to see the doctor.

- "*The staff at reception are very slow especially when you have to see the doctor, you have to spend more time waiting*".

Others emphasized the challenge of workload:

- "*There is only one person looking for files, there must be more people at the reception*".
- "*Service at pharmacy is slow, may be because is only one person working there.*"

iii) Information

Participants were concerned about the lack of information about their conditions. There was large agreement that patients are not informed about their illnesses. One patient said:

- "*I would like doctors to explain the conditions*".

Another patient said:

- "*There is no information about the illness". I would like to know the type of illness I have and for how long will I be on treatment. The doctor did not explain either the condition or the medication. Doctors just say: 'Medication will help you"*".

6.5.2 Areas of satisfaction

i) General satisfaction

Generally, patients were satisfied with the service at the Mental Health Care Centre. One patient said:

- "*I am satisfied with the services*".

The other one replied:

- "*I cannot complain. If I say something is not good, then I will be lying. If I compare this place with Windhoek Central Hospital then this is far much better. Service is very good. Staff give more attention to patients. The service is good, only patients are a lot. There must be more people at the reception. I will recommend the services at this place to other people*"

ii) Access to services

In the area of access to services, one patient said:

- "*I cannot complain, this place is absolutely fine to me*"
- "*The place is clean, the service is good, and staff give more attention. It is easy to get this place, because it is between Katutura hospital and Windhoek Central Hospital*".

The other one said:

- "*I am getting all the services I want to get*"

iii) Quality of service:

Concerning quality of services, patients had the following to say:

- "*I get all the attention I nee*d"
- "*Nurses are friendly, they listen to you, and they can even help when one has problems*"
- "*The staff are hard working. They are very great, do their work well. They listen to us, gave chance to ask questions, explain the condition, follow up, and medication*"
- "*The doctors explain the illness, and medication. The waiting time is not too long. Waiting time is better than at Windhoek Central Hospital*".
- "*The staff listen to us, and treat us with respect. Receptionists are helpful. Pharmacy is close by*"
- "*My doctor is very attentive, used to explain everything in detail*"
- "*They treat us with respect and I like it*"
- "*Social workers give advice where one can go for help in the community*"

iv) Participation in treatment goals

Patients had the following to say:

- "*The staff give chance to ask questions*"

- "*The first 2-3 visits were not good. I arrived here for example at 7 am and at about 10 a.m I am informed that there is no doctor/psychologist. I discussed it with my doctor and there was improvement*"
- "*Today I complained that medication make me weak and my doctor decreased the medication*"

v) Perceived outcome:

Satisfaction with outcome of care is measured in terms of perceptions regarding the usefulness or helpfulness of medical care providers and specific treatment regimens in improving or maintaining health status.

Patients had the following to say:

- ***"****I experience improvement in my condition".*
- *"With the help of the staff I managed to get a solution to my problem"*
- ***"****The tablets I am receiving helps"*

6.5.3 Suggestions and recommendations*:*

- "*The service is good; I do not have any suggestion*"

Other patients made some recommendations***:***

- "*Increase the number of nurses, pharmacists, and clerks to be a big team to help each other to be fast and assist us on time*"
- "*The waiting time is fine, but I think there is need for TV at the outpatient waiting room so that patients can watch while waiting, you keep your attention there, another thing is to get reading material*"
- "*Patients need to be informed of new changes at this place e.g. where to put our cards*"

6.6 Development of the Questionnaire for phase II

The process of assessing client satisfaction within a medical setting is complex and has led to the development of several different measurement tools[90,91]. Any instrument designed to measure client

satisfaction must be based on an understanding of what the client means when they express an opinion on the nature of the service they received. Research has also shown that 'expectations are seen as dependent on the context of the clinical encounter and the past experience and knowledge of the patient'[92].

Since no such instrument existed in Namibia, an instrument was then needed for phase II. Items collected in the review of literature, the existing survey instruments, the results of the in-depth interview and focus group discussion of phase I of this study, and the core values of the Ministry of Health and Social Services formed the basis of the "Patient satisfaction with mental health service questionnaire". The core values of the Ministry of Health and Social Services include among others integrity, dignity and respect. The core values emphasise that all patients have to be treated with respect at all times, have their values, culture, religion, and dignity respected at all times, and have to be listened to, and heard. Dimensions that are included in the questionnaire were further identified from the content of responses from the interview. The questionnaire was developed to capture concrete experiences with various aspects of health care. (see Appendix C). It asks 32 questions about specific aspects of services. The questionnaire is divided into two (2) sections, namely satisfaction with mental health services and demographic information. It includes seven distinguishable dimensions, which constitute the major sources of satisfaction and dissatisfaction with care: access to services, quality of services, participation in treatment plan, information, participation in treatment goals, perceived outcomes, and general satisfaction.

A group of mental health workers translated the questionnaire into three local languages, namely: Afrikaans, Oshiwambo and Otjiherero. Forward-translations and back-translation methods were used. Moreover, the content, linguistic, technical, conceptual, and comprehensive equivalencies were considered. First, two health workers who are well conversed in one of the languages independently translated the questionnaire into that language, then jointly reviewed the translated questionnaire and reworded the questions where there was no agreement. The questionnaire was then translated back into English.

Because the structured questions about patient satisfaction with mental health services were closely developed from exploratory interviews and focused group discussions, the researcher was reasonably optimistic that the items were conceptually meaningful at the outset. Due to time limitation, the questionnaire was not pilot tested, and as such, no reliability study was undertaken. Ideally, the researcher would have wanted to do a test-retest correlation study of reliability.

Section 7: PHASE II: Data Collection and results

The second phase was quantitative in nature and employed a cross-sectional design.

7.1 Objectives of phase II

The objectives of this phase were:

1 To determine the extent of the reported satisfaction with mental health service

2 To determine the extent of dissatisfaction with mental health service

3 To determine whether patients' satisfaction with their mental health care is related to their demographic variables

7.2 Sampling of Phase II

During the second phase, the participants were randomly drawn from the patients who attended the Outpatient clinic at the Mental Health Care Centre, WCH. All patients receiving treatment at the MHCC of the Windhoek Central Hospital are registered through the Outpatient Department of the Centre. The sample consists of consecutive patients coming for follow-up on a given day at the Outpatient clinic of Mental Health Care Centre, who fulfilled the study's inclusion criteria. If the consecutive patient did not fulfill the inclusion criteria, the next patient in the registry was selected

7.3 Sample size of phase II

The calculation of the sample size for the second phase was based on the findings of Muhammad A. Zahid et al.[81], where 21.5% of participants were judged to be dissatisfied with the "overall satisfaction subscale". The formula

$$N = \frac{Z\text{alpha}^2[p(1-p)]^{93}}{C^2}$$

was used to calculate the sample size, where;

N = sample size

Zα = Z-value at 95% confidence level (1.96) for an alpha error of 0.05

P = proportion = 0.215; 1-p = 0.785

C = desired level of precision of 5% = 0.05

$$N = \frac{1.96^2[0.215(1- 0.215)]}{0.05^2}$$

The formula was chosen, because it is suitable for determination of sample size for estimating proportions. Two hundred and sixty-three (263) patients were interviewed.

7.4 Data gathering of phase II

The study was conducted at the Out-patient of Mental Health Care Centre, Windhoek Central Hospital from April 2015 till June 2015. The sample size was 263 patients. Patients aged 18 and above, of both genders, who gave informed verbal consent, were consecutively recruited for the study. Frankly psychotic and those with severe cognitive impairment were excluded.

Consent was obtained from the participants after explaining to them, individually, the purpose of the study. Patients were asked to complete the Patient's Satisfaction with Mental Health Service questionnaire (see Appendix C and D). All respondents gave verbal consent before interviews and none refused to be interviewed.

The questionnaire is for self-administration and can be completed without prior training. In the case of respondents with low level of literacy, respondents were assisted by a staff member reading through the items with them. Special care was taken to guarantee confidentiality and anonymity and, in the case of assisted administration, to stress the independence of the research worker from the staff assisting the patient. Administering the questionnaire takes about 30 minutes. Patient questionnaires were coded to ensure anonymity.

7.5 Results of phase II

A: Sample characteristics

Of the 263 respondents, 143 (54.4 percent) were male, and 120 (45.6 percent) were females. A total of 212 respondents (80.6 percent) were single, 36 (13.7 percent) married and the rest were divorced or widowed. Hundred and thirty-two (50.2 percent) were unemployed, 97 (36.9 percent) were employed, and the remaining respondents were students, or retired. Hundred and fifty-three (58.2 percent) of the respondents

had secondary education, 50 (19 percent) had tertiary education and the rest had either primary education or no education.

Hundred and ninety-three (73.4 percent) were living with family members 37 (14.1 percent) with other people and the rest of patient live alone. Hundred and fifty-four (58.6 percent) had used the MHCC for more than two years (Table I).

For these respondents, the number of admissions into psychiatric ward ranged from 0 to 8 and averaged 1.92 with a standard deviation of 1.94. The number of years receiving psychiatric treatment ranged from 0 to 32 years with a mean of 7.31 and a standard deviation of 6.85. With regard to the duration of using the service at Mental Health Care Centre, the range was 0 to 4 years with a mean of 2.94 and a standard deviation of 1.52.

Table 1: Demographic characteristics of the respondents

Variable	**Frequency**	**Percentage**
Gender		
Male	143	54.4
Female	120	45.6
Marital status		
Divorced	11	4.2
Married	36	3.7
Single	212	80.6
Widowed	2	0.8
No response	2	0.8
Age at interview		
Under 20	11	4.2
20-29	60	22.8
30-39	93	35.4
40-49	56	21.3

50-59	22	8.4
60 and above	6	2.3
No response	15	5.7
Employment status		
Retired	11	4.2
Employed	97	36.9
Unemployed	132	50.2
Student	18	6.9
No response	5	1.9
Duration of using service		
Does not know	34	13.1
1-6 months	30	11.6
7-12 months	11	4.2
25 months and more	158	61.1
Type of education		
None	4	1.5
Primary	41	15.6
Secondary	153	58.2
Tertiary (University/College)	50	19.0
No response	15	5.7
Living situation		
Alone	27	10.3
With Family	193	73.4
With others	37	14.1
No response	6	2.3

B: Satisfaction with services

- *Overall Satisfaction*

Overall, 88.5 percent of the respondents were satisfied with the services received at the Mental Health Care Centre, and about sixty-nine (68.8) percent said they would recommend the centre to a friend or family member.

- *Access to Services*

In the satisfaction with access to service domain, 89.6 percent of the respondents were satisfied with the location of the centre, 77.6 percent liked the treatment they received, and 68.8 percent got services they needed.

- *Quality of Service*

In the satisfaction with quality of service domain, 76.3 percent were satisfied with the waiting time at the place where care is received, 95.5 percent felt that their rights were respected, and 86.7 percent were treated with dignity and respect.

- Participation in treatment planning

Results pertaining to the satisfaction with participation in treatment planning domain, 67.3 percent felt that they discussed things that were important to them.

- Perceived Outcomes

In the perceived of outcomes domain, 85.1percent felt that treatment help them to get well and 75.4 percent got improvement in their condition, 72.8 percent felt treatment improves their ability to work

- Information on medication

Respondents were least satisfied with information on medication. Only 50 percent of the respondents were satisfied with the information they received about the choice of medication, 48 percent were satisfied with the information received about the benefit of medication, while 45 percent on managing the side effects of the medication.

Table 2: Access to services

Variable	Frequency	Percentage
How do you feel about the experience you had trying to access the Mental Health Care Centre		
Terrible	10	3.8
Dissatisfied	17	6.5
Satisfied	116	44.4
Excellent	118	45.2
No response	2	0.8
Was there a treatment or complimentary therapy you would have liked to receive but were unable to get?		
No	204	77.6
Yes	47	17.9
No response	12	4.6
I was able to get all the services I thought I needed		
Agree	181	68.8
Neutral	37	14.1
Disagree	12	4.6
Does not apply	19	7.2
No response	14	5.3
If you wanted to see a different clinician would you feel comfortable asking for a new clinician?		
No	72	27.4
Some what	30	11.4
Yes, definitely	150	57.0
No response	11	4.8

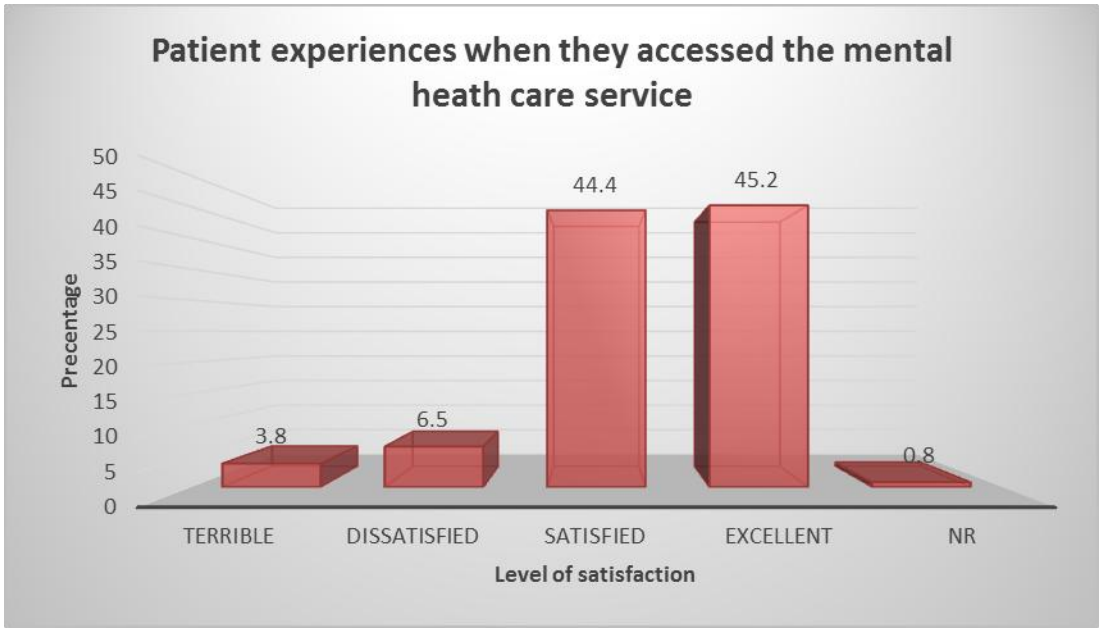

Figure 1: Patients' experiences with accessing services at Mental Health Care Centre

NR = No response

Table 3 a: Quality of services

Quality of service statements	**Terrible %**	**Dissatisfied %**	**Satisfied %**	**Excellent %**	**NR %**
How do you feel about the amount of time you waited to be served?	8.0 (21)	11.0 (29)	52.1(137)	24.3 (64)	4.6(12)
How do you feel about the way your clinician listens to and understands you?	1.5 (4)	4.6 (12)	39.5(104)	46.8 (123)	7.6 (20)
How do you feel about how often you meet with your clinician?	1.9 (5)	1.9 (5)	49.0 (129)	44.9 (118)	2.3 (6)
How do you feel about the services you receive when you go to the emergency department for your mental health care concerns?	5.7 (15)	4.2 (11)	33.5 (88)	28.1 (74)	23.6 (62)

How do you feel about your confidentiality and whether your rights are respected?	0.8 (2)	3.0 (8)	40.7 (107)	54.8 (144)	0.8 (2)

Table 3 a: Quality of services

How do you feel about the number of health care workers at the mental healthcare centre?	Frequency	Percentage
Don't know	63	24.0
Not enough	35	13.3
Neutral	29	11.0
Enough	132	50.2
No response	4	1.5

Table 3 b: Quality of services

Respect and confidentiality statements	**No %**	**Somewhat %**	**Yes, Definitely %**	**NR %**
Do you feel reception staff treat you with dignity and respect?	4.9 (13)	6.5 (17)	86.7 (228)	1.9 (5)
Do you feel your clinician considers and respects your spiritual practice?	2.7 (7)	9.5(25)	64.6 (170)	23.2 (61)
Do you feel your clinician considers and respects your culture and tradition?	4.6 (12)	8.4(22)	63.9 (168)	23.2 (61)
Do you feel your clinician considers and respects your gender identity?	1.9(5)	7.6(20)	67.3(177)	23.1 (61)

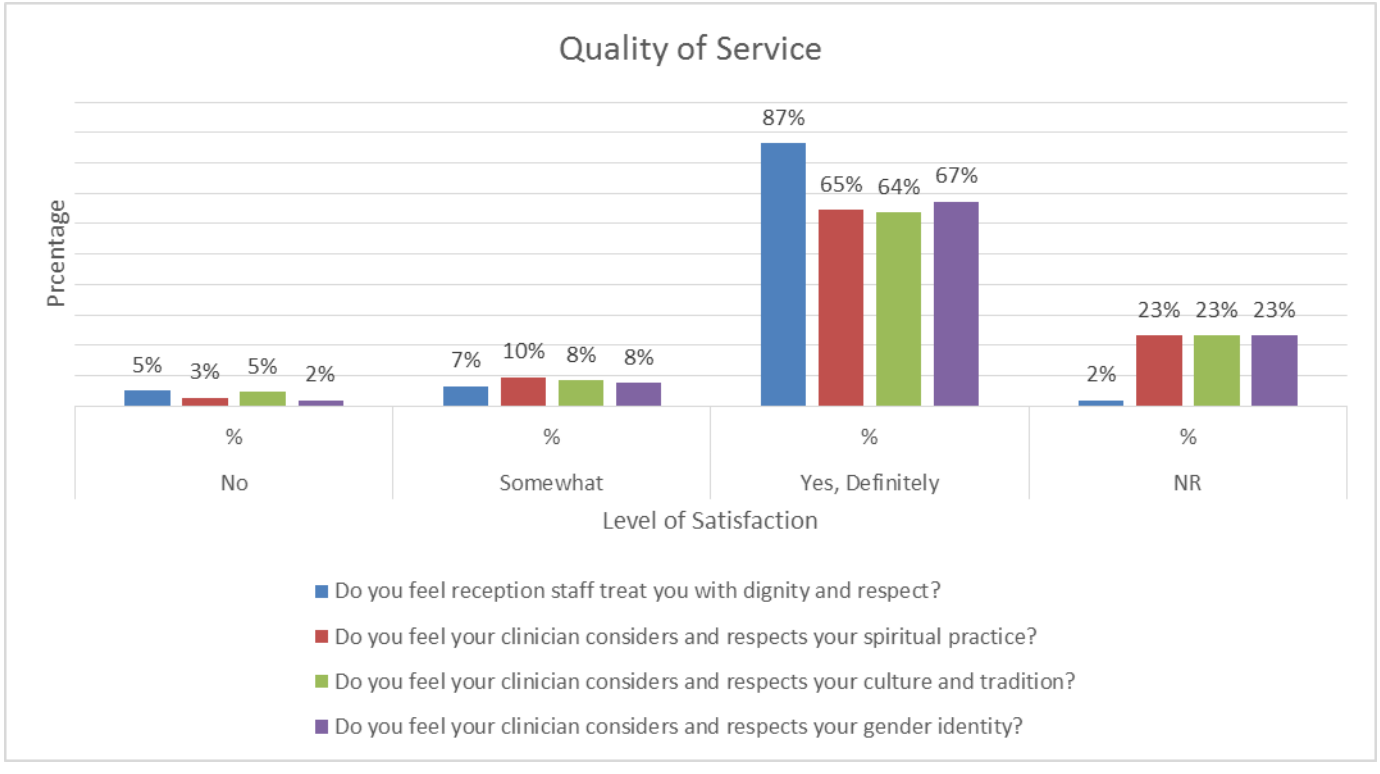

Figure 2: Patients' treated with dignity and respect by health workers

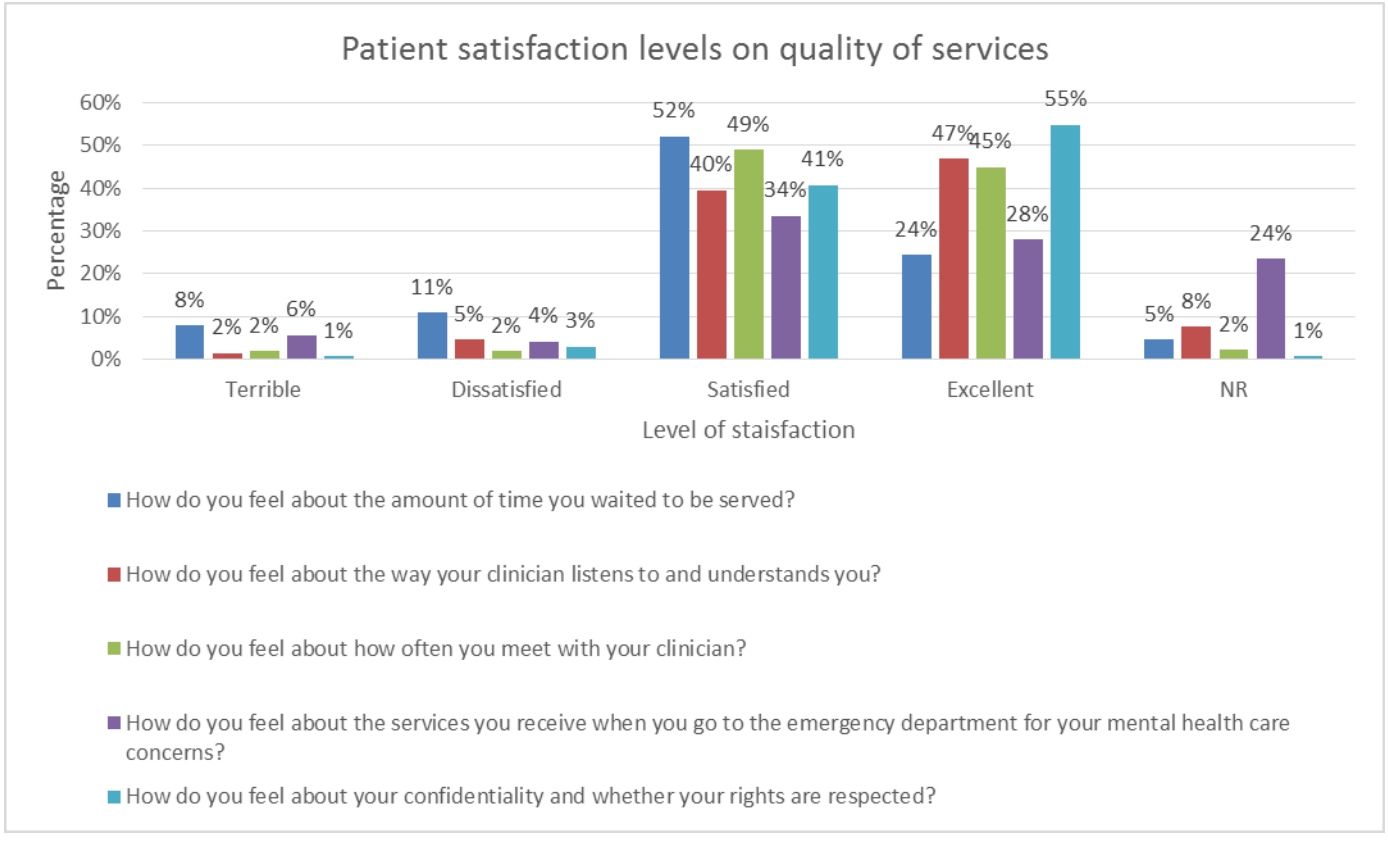

Figure 3: Patients' satisfaction with quality of services

Table 4: **Patients participation in treatment plan**

Variable	**Frequency**	**Percentage**
Who makes the decisions regarding your treatment and recovery?		
Mostly me	34	12.9
Mostly clinician	34	12.9
Me and clinician together	121	46.0
Me, clinician, and my family/friends together	66	25.1
No response	8	3.0
Do you and your clinicians talk about things that are important to you?		
No	40	15.2

Somewhat	42	16.0
Yes, definitely	177	67.3
No response	4	1.5

Table 5: Patients' satisfaction with perceived outcomes

Statement	Frequency	Percentage
Have you experienced improvement in your condition from the time you have used our mental health service?		
Never	17	6.5
Rarely	31	11.8
Very little	8	3.0
Significantly	76	28.9
Totally	125	47.5
No response	6	2.3

Table 5 a: Patients' satisfaction with perceived outcomes

How do you feel about how the treatment and services you are receiving are helping you:	Terrible %	Dissatisfied %	Satisfied %	Excellent %	NR %
a) *Get well and stay well?*	2.3 (6)	3.8 (10)	43.3(114)	41.8(110)	8.7(23)
b) *Build, maintain or improve relationships with family and friends?*	4.9(13)	6.8(13)	40.3(106)	34.6(91)	13.3 (35)
c) *Improve your ability to work or to go to school?*	2.3((6)	10.3(27)	35.0(92)	38.8(102)	13.7(36)

Table 5 b; Patients' satisfaction with perceived outcomes

Statement	No	Somewhat	Yes, Definitely	No response
Do you feel free to express concerns about the service you receive without negative consequences?	17.5(46)	16.7(44)	60.8(160)	4.9(13)

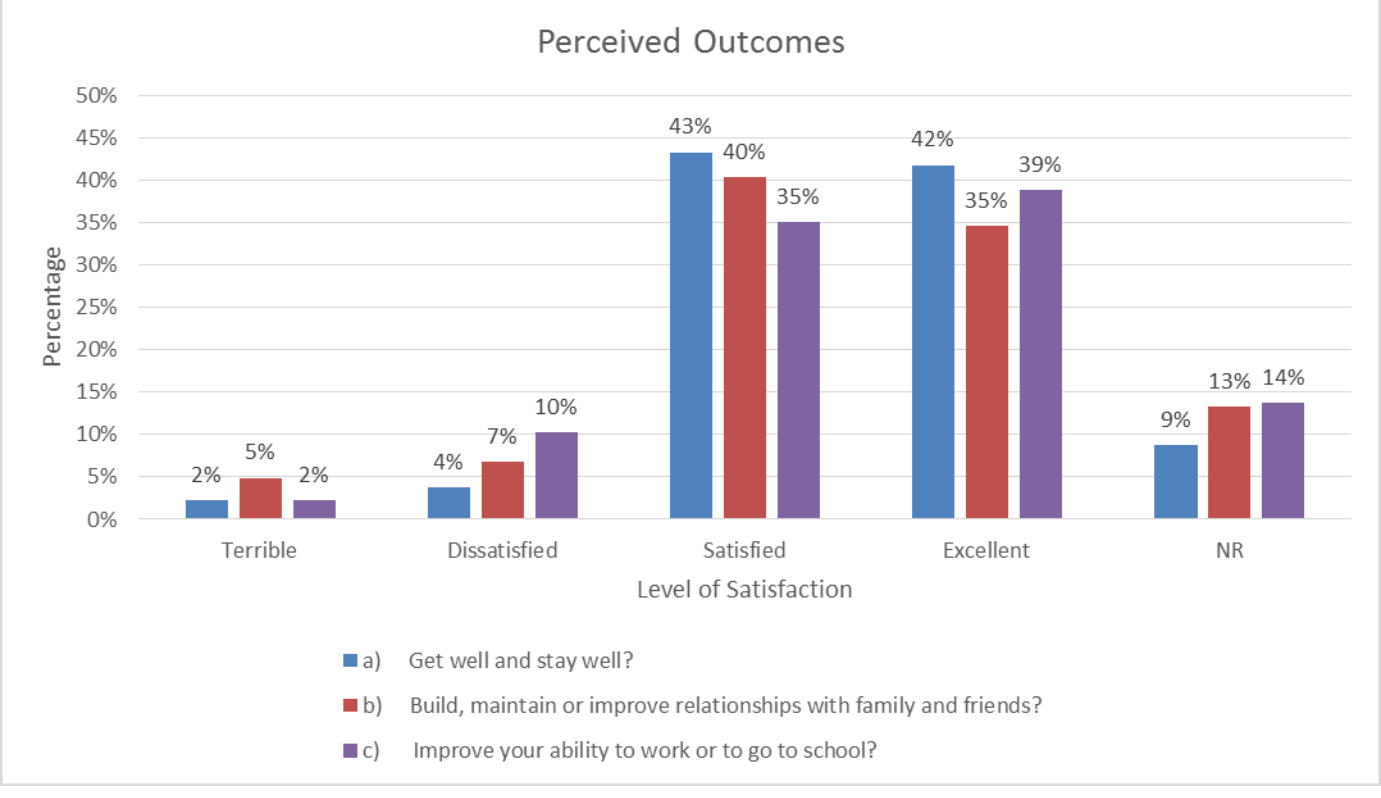

Figure 4: Levels of satisfaction with perceived outcome

Table 6: Satisfaction with information on the illness and medication

How do you feel about the helpfulness of information given to you:					
	Terrible	**Dissatisfied**	**Satisfied**	**Excellent**	**NR**
a) To improve your knowledge and understanding of your illness?	2.7(7)	5.7(15)	51.3(135)	33.8(89)	6.5(17)
b) To prevent relapse?	4.2(11)	9.5(25)	46.4(122)	27.8(73)	12.2(32)
c) To improve your overall wellness?	1.9(5)	8.0(21)	44.5(117)	35.0(92)	10.6(28)
If you take medication for your mental illness, have you been given enough information including:					
	No	Somewhat	Yes, Definitely	N/A	NR
a) Choice of medication?	25.1(66)	8.4(22)	52.9(159)	6.5(17)	7.2(19)
b) Benefits?	14.4(38)	11.4(30)	51.0(134)	5.3(14)	17.9(47)
c) Managing side effects?	27.4(72)	5.3(14)	47.9(126)	4.9(13)	14.4(38)
d) The reason for any changes that have been made to your medication?	17.5(46)	10.3(27)	46.8(123)	11.0(29)	14.4(38)

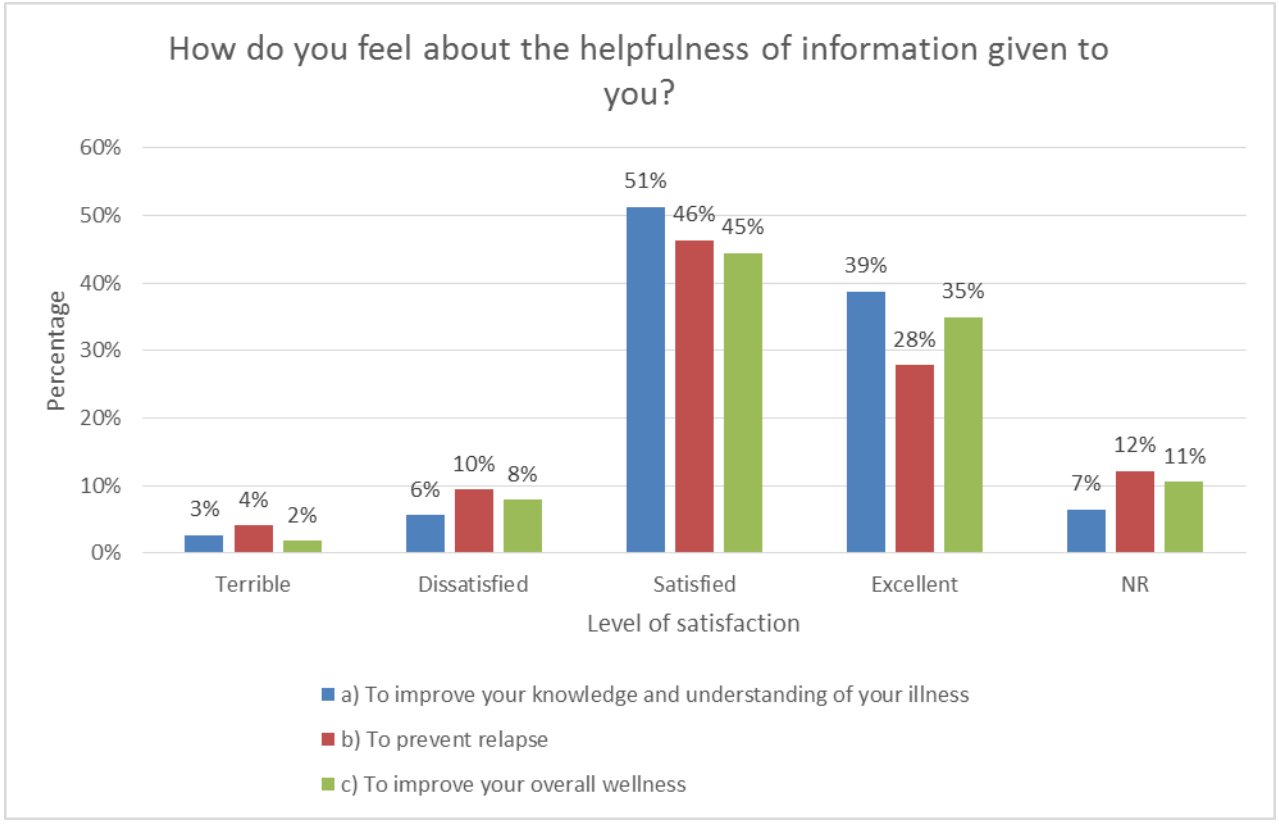

Figure 5: Satisfaction with information about the illness

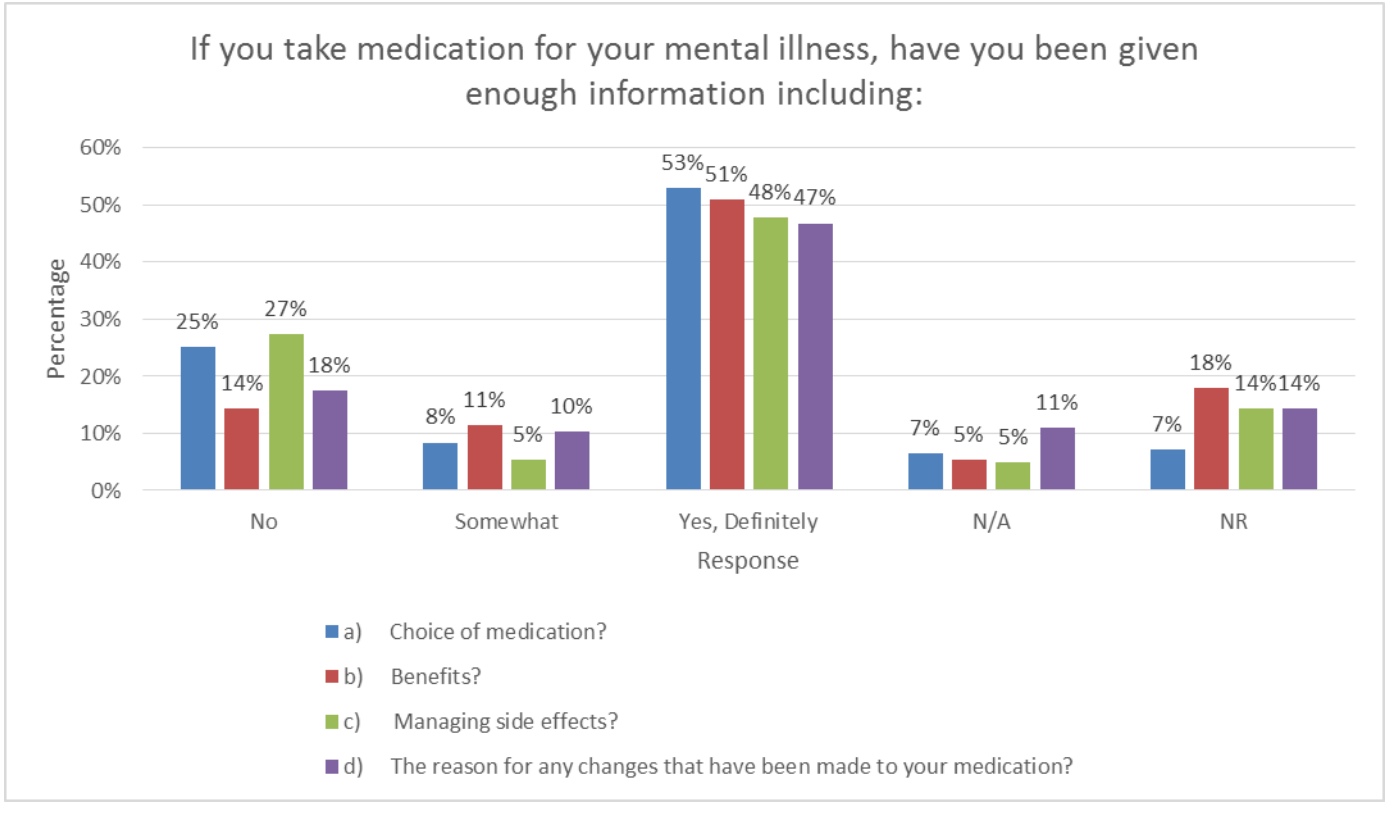

Figure 6: Patients' satisfaction with information about medication

Table 7: Patients' satisfaction with information about the services

Variable	Frequency	Percentage
Do you feel you have been given enough information about the mental health services and supports available to you?		
Yes	168	63.9
No	80	30.4
No response	15	5.7
Have you been given information on how to provide feedback or express concerns about the care or services you receive?		
Yes	143	54.4
No	115	43.7

No response	5	1.9
Would you like to have reading material or watch TV while waiting to be served?		
Reading Material	32	12.2
Watch TV	79	30.0
Both	110	41.8
None	38	14.4

Table 8: Patients' satisfaction with participation in treatment goals

Variable	**Frequency**	**Percentage**
Does your clinician encourage and support having family or friends involved in your treatment and recovery?		
No	50	19.0
Somewhat	51	19.4
Yes, definitely	154	58.6
No response	8	3.0
Do you feel that your clinician works together with you and your family of friends in your treatment and recovery?		
No	51	19.4
Somewhat	44	16.7
Yes, definitely	160	60.8
No response	8	3.0
How do you feel about how concerns expressed by you or your family or friends have been handled?		

Terrible	17	6.5
Dissatisfied	8	3.0
Satisfied	113	43.0
Excellent	81	30.8
N/A	29	11.0
No response	15	5.7

Table 9: Patients' general satisfaction with the services

Variable	**Frequency**	**Percentage**
Are the mental health workers responsive to your issues?		
No	25	9.5
Yes	174	66.2
Yes to a good extend	58	22.1
How do you feel about your overall experience with the mental health services you have received?		
Terrible	7	2.7
Dissatisfied	13	4.9
Satisfied	136	51.7
Excellent	97	36.9
No response	10	3.8
Would you recommend this Mental Health Care Centre to a friend or family member?		
Strongly Agree	86	32.7
Agree	95	36.1
Neutral	24	9.1

Disagree	15	5.7
Strongly disagree	14	5.3
Does not apply	21	8.0
No response	8	3.0
How would you rate our mental health service on a scale of 1 to 5 where rank 1 means the highest and rank 5 is the least?		
1	96	46.2
2	39	18.8
3	43	20.7
4	17	8.2
5	13	6.3

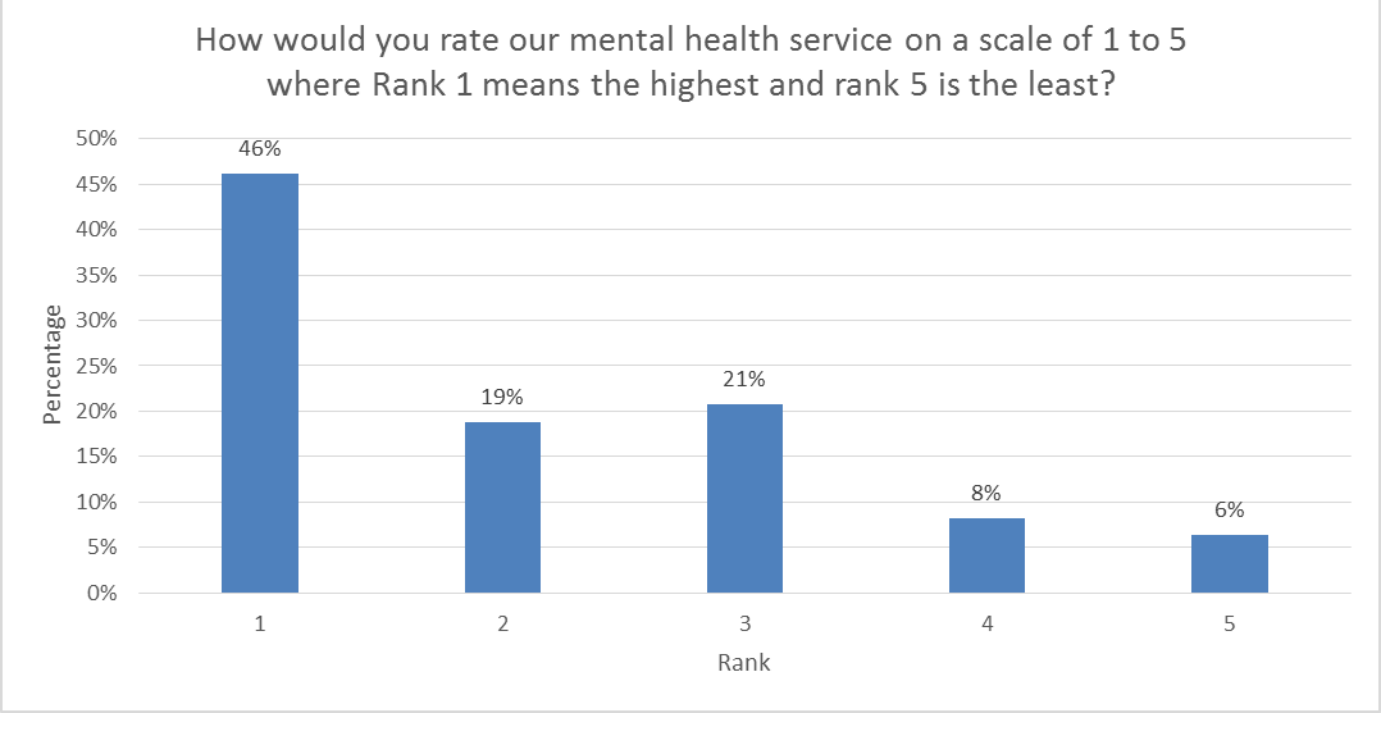

Figure 7: Rank of services by participants

C. Association between satisfaction and demographic data

1. Chi-square tests

Chi-Squared tests of association were conducted to test whether there were significant relationships between respondents' service satisfaction and the demographic variables (see cross tabulation in appendix D)

Table 10: Tests of association results of respondents' overall satisfaction with demographic variables

Variable	Chi-Square Statistic	p-value
Gender	15.270*	0.002
Marital status	42.375*	<0.001
Age at interview	61.223*	<0.001
Employment status	20.391*	0.016
Number of admissions	98.537*	<0.001
Duration of illness	81.748*	0.032
Duration of using service	23.017*	0.028
Type of education	8.897	0.447
Living situation	12.733*	0.047

Participants overall satisfaction was significantly associated with most of the demographic characteristics of the respondents except for type of education (χ^2=8.897, p=0.447). Participants overall service satisfaction were significantly associated with the gender (χ^2=15.270, p=0.002), the age (χ^2=61.223, p<0.001), and the participant's employment status (χ^2=20.391, p=0.0316), marital status of the participants (χ^2=42.375, p<0.001), number of admissions (χ^2=98.537, p<0.001), duration of illness (χ^2=81.748, p=0.032), duration of using service (χ^2=23.017, p=0.028), and living situation (χ^2=12.733, p=0.047).

2. Ordinal logistic regression

Table 11: Ordinal Logistic regression results of predictors of service satisfaction (Dependent Variable= Overall Satisfaction)

Independent Variable	Parameter Estimate	95% Confidence Interval		p-value
Gender				
Female	38.601	19.877	57.324	<0.001***
Male (Reference	1.00			
Marital Status				
Ever Married	25.418	10.342	40.494	0.001**
Single (Reference)	1.00			
Age				
Less than 30 years	58.377	31.692	85.061	<0.001
Between 31 and 40 years	-0.007	-5.523	5.510	0.998
Above 40 years (Reference)	1.00			
Employment Status				
Employed	6.031	-0.860	12.923	0.086
Unemployed (Reference)	1.00			
Number of Admissions				
3 or less	95.782	47.910	143.653	<0.001***
Between 4 and 5	96.120	48.952	143.288	<0.001***
6 or more (Reference)	1.00			
Duration of Illness				
5 years and below	-38.167	-59.971	-16.363	0.001**
6 to 10 years	0.357	-6.344	7.058	0.917
11 years and above (Reference)	1.00			
Duration of using service				
12 months or less	-57.550	-90.943	-24.157	0.001**

13 to 24 months (Reference)	1.00			
Education				
Primary or no formal education	25.078	9.962	40.093	0.001**
Secondary or Higher Education (Reference)	1.00			
Living Situation				
With Others	38.313	16.890	59.646	<0.001***
Alone	6.391	-116.701	129.483	0.919
With family (Reference)	1.00			

*significant at 5% level, ** significant at 1% level, *** significant at 0.1% level

The ordinal logistic regression results are presented in Table 11. Females were more satisfied with the service compared to their male counterparts (B=36.601, p<0.001). Women who were ever married were more satisfied with the service (B=25.418, p=0.001) compared to their single counterparts. Young respondents (less than 30 years of age) were more satisfied with the service (B=58.377, p<0.001) compared to those above 40 years of age. Respondents with primary or no formal education (B=25.078, p<0.001) were more satisfied with the service compared to those with secondary or higher level of education. Those who live with others (38.313, p<0.001) were more satisfied with the service compared to those who lived with family. Employment status of the respondent (B=6.031, p=0.086) did not significantly influence service satisfaction. On the other hand, respondents whose duration of illness less than 5 years (B=-38.167, p<0.001) were less satisfied with the service compared to those who had been ill for more than 11 years. Those who had used the service for one year or less were (B=75.550, p<0.001) were less satisfied with the service compared to their counterparts who had used the service for more than one year.

3. Model Assumptions

Assumption1:

The assumption that dependent variable (Overall satisfaction) should be measured at the ordinal level is valid. "Terrible, Dissatisfied, Satisfied, Excellent"

Assumption2:

One or more independent variables are either continuous , ordinal (number of admissions, duration of illness, duration of using service, type of education, age at interview) or categorical (gender, marital status, employment status, living situation). This assumption is valid.

Assumption3:

Testing for multicollinearity. Most of the independent variable pairs except for a few did not have significant relationships as shown in Table 12 (Chi square test statistics and their corresponding p-values)

Table 12: Multicollinearity Test results. (Chi square statistic, p-value) *p<0.05 (see appendix E for tabulations)

	Gender	Marital status	Age at interview	Employment Status	Number of admissions	Duration of illness	Duration of using service	Type of education	Living Situation
Gender		0.277, 0.599	3.196, 0.202	0.343,0.558	11.323,0.003*	0.791,0.673	2.573,0.109	0.296, 0.587	7.490, 0.024*
Marital status			23.314, p<0.001*	0.019, 0.890	5.776, 0.056	1.350, 0.509	1.551, 0.213	6.733, 0.009*	8.478, 0.014*
Age at interview				2.733, 0.255	5.373, 0.251	12.994, 0.11	1.357,0.507	3.784, 0.151	0.937, 0.919
Employment Status					1.250, 0.535	2.878, 0.237	3.071, 0.080	8.524, 0.004*	4.490, 0.106
Number of admissions						28.382, p<0.001*	3.419, 0.181	0.780,0.677	13.591,0.009*
Duration of illness							21.220, p<0.001	4.503,0.105	1.254,0.869
Duration of using service								2.762,0.097	1.568, 0.457
Type of education									2.670,0.263

A suggested formal detection-tolerance or the variance Variance Inflation Factor(VIF) for multicollinearity testing is

$Tolerance = 1 - R_j^2$ and

$$VIF = \frac{1}{Tolerance}$$

where R_j^2 is the coefficient of determination of a regression of predictors *j* on all the other predictors. A tolerance of less than 0.20 or 0.10 and/or a VIF of 5 or 10 and above indicates a multicollinearity problem[94]. Results of the multicollinearity tests given in Table 13 do not suggest presence of multicollinearity.

Table 13: Results of multicollinearity tests

Model	Collinearity Statistics	
	Tolerance	VIF
age at interview	.791	1.264
employment status	.932	1.073
Number of admission	.668	1.498
duration of illness in years	.634	1.576
duration of using service	.911	1.097
Type of education	.904	1.106
living situation	.926	1.080
a. Dependent Variable: rank the services		

Assumption 4:

The assumption of proportional odds means that each independent variable has an identical effect at each cumulative split of the ordinal dependent variable. The test of parallel lines for proportional hazards assumption was not met (Chi-squared = 342.201, p<0.001). However, we can still apply the ordinal logistic regression because the practical implications of violating this assumption are minimal[95]

Section 8: Discussion

Measuring patient satisfaction has various purposes. Some of the most prominent reasons include evaluation of health care services from patient's point of view, the identification of problem areas and the generation of ideas towards resolving these problems.

The findings of this study describe the satisfaction of users with health services provided by the Mental Health Care Centre, Windhoek Central Hospital. The study examined satisfaction among patients attending the Outpatient section of Windhoek Central Hospital, Mental Health Care Centre with quantitative and qualitative methods. The results of the study indicate that most of the patients interviewed were satisfied with the services they received at the Mental Health Care Centre. Among the participants, 88.5% were mostly satisfied, and 11.5% were dissatisfied with the service. This is in line with the Harambee Prosperity Plan which has the overarching goal to improve performance and service delivery. More specifically the Plan highlights that a "citizen's satisfaction rate of 70 percent" should be achieved by the end of the Harambee period.

The high rates of satisfaction found in this study are similar to those found by other studies[36 -39,67,96]. One explanation is that patients were satisfied with the services received. It could also be that patients were hesitant to disclose their true thoughts or feelings due to their dependence on the system.[39,67]

Satisfaction with outpatient mental health services was observed to be different in various demographic groups and across many domains of satisfaction. This study found service satisfaction to be associated with gender, age, marital status and education. In contrast, the study by Dyck and Azim[97] found no relationship between satisfaction and the demographic variables, and the study by Prabhakar et al[78] found no significant difference between patient satisfaction scores and any of the sociodemographic groups studied: males and females, younger, and older age groups, lower or higher education groups, employed and unemployed, married and unmarried. In this study females were more satisfied with service delivery compared to males. This is in agreement with the study by Bjorngaard et al[80], who found that better experiences were significantly associated with patients' female gender. Other studies[65,78,98] found gender to be unrelated to service satisfaction.

Regarding age, the study found that participants less than 30 years of age were significantly more satisfied with their mental health care compared to those above 40 years of age. In contrast, a meta-analysis by Hall

and Dornan[99]and other studies[65,80] found greater patient satisfaction to be significantly associated with greater age. Holcomb and Parker, et al[84] found that patients who were employed showed higher levels of satisfaction, but in this study employment did not significantly influence satisfaction with mental health service. Regarding marital status and education, married women, those who had no education and those with primary education were more satisfied.

There was also a relationship between satisfaction and duration of using the service. Participants who had used the service for less than a year were less satisfied with the service compared to those who had used the service for more than a year. This is in agreement with the study by Holcomb and Parker, et al[84] which found that patients with longer time in therapy showed higher levels of satisfaction. The explanation could be that those who are happy with their care tend to remain in contact over time

.

Despite the overall high level of patient satisfaction, a small, but by no means insignificant proportion of patients expressed dissatisfaction with the service at the Mental Health Care Centre. Participants with secondary or tertiary education were among the few who were not satisfied. Those who were not satisfied were dissatisfied with participation in treatment plan, and the lack of information about medication. This is in agreement with the study by Bengt Svensson, and Lars Hansson[100] that reported obvious lack of information about treatment and treatment alternatives together with insufficient information about the actual condition that the user suffered from.

The fact that some patients expressed dissatisfaction with the services indicates that the Mental Health Care Centre needs to do more in the drive towards improving services. The domain of information is fundamental, because any quality improvement is dependent on patients having access to the information on their illness and treatment.

Patient dissatisfaction with services is an important weakness that needs to be addressed by the management of the Mental Health Care Centre. Patient have to be viewed as a customer who has legitimate expectations, and concerns, and who can assess the delivery of health care services and make valid conclusions about the quality of care rendered to them. There is room to improve the amount and helpfulness of information on the choice of drugs and management of side effects.

Section 8 Discussion

Health workers must recognise that quality assurance and quality management programmes need to impact on patient satisfaction in addition to improving professionally determined technical aspects of quality of health care.

Section 9: Conclusion and Recommendations

9.1 Conclusion

Patients' feedback is essential in order to measure performance and make healthcare professionals more aware of aspects enhancing service users' satisfaction, and can also be helpful in identifying the service area to be improved. This study has important practical implications. It identified areas of unsatisfactory performance in the care of patients with mental illnesses at the Mental Health Care Centre, Windhoek Central Hospital. The participants indicated that the weaknesses of services were mainly in the domains of 'information' and 'participation in treatment plan.' This suggests that there are gaps in the provision of comprehensive psychiatric care at the Mental Health Care Centre.

In order to enhance the quality of care, health workers working at the Centre have to be aware of these shortcomings and pay attention to them. This information is of use to health workers and planners in improving psychiatric services at the Mental Health Care Centre. Research on ways to improve patient satisfaction is needed.

9.2 Recommendations

The overall recommendation is that the Mental Health Care Centre should strive to maintain the high standard it has in order to keep patients satisfied with the services they receive, and also to be in line with a customer focus. Moreover, it should be in line with the core value of the Ministry that our customer satisfaction shall be our priority, and that of the outcome of the Harambee Prosperity Plan 2016/17 - 2019/20, which is a culture of high performance and citizen-centered service delivery.

A specific recommendation is for the Mental Health Care Centre to review the current performance of the Centre. The fact that some patients expressed dissatisfaction with the services indicates that the Mental Health Care Centre needs to do more in the drive towards improving services. Areas that need more improvement are giving information to patients about their illness and medications, and also patients to participate in the plan of their treatment. The scope of the information domain includes the way in which information is given to service users by those providing care, and the access by patients to information,

which will help them manage their own health. Any of these areas require change as part of a strategy for quality improvement. Another recommendation is to conduct a study on the In-patient satisfaction, so that one can have a complete picture of all the services at Mental Health Care Centre.

Section 10: Limitation

The study considered only the outpatient population. Therefore, the results cannot be generalized to inpatient populations.

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Appendix A: Interview Guide

The interview guide will be used to gather information that will lead to improved mental health services. The experience and opinion of the patients will make these changes possible.

There will be no precise order set of questions and the interview will not be time limited.

Areas to be covered

1 General satisfaction

1.1 Amount of help

1.2 Kind of service offered

1.3 Would patient recommend the service at this place to a friend/family member?

2 Quality of services

2.1 Thoroughness of different professionals (medical doctors, nurses, medical social workers, clinical psychologists, occupational therapists, pharmacists, clerks)

2.1.1 Ability of professionals to listen

2.2 Information on diagnosis, medication, side effects

2.3 Helping patient improve knowledge of her/his problems

2.4 Confidentiality and respect for patient's rights

2.5 Punctuality of the professionals

2.6 Waiting time

3 Participation in treatment goals

3.1 Do patients feel comfortable asking questions about their illness and treatment?

3.2 Do patients participate in treatment plan?

4 Perception of access

4.1 Is the location of service convenient?

4.2 Appearance, comfort level and physical layout

4.3 Is the staff willing to see patients as often as they feel necessary?

4.4 Is the patient able to get all the services she/he thought she/he needed?

5 Perceived outcomes

5.1 Attaining well-being and preventing relapses

5.2 Not bothered by symptoms

5.3 Better able to deal with daily problems/crisis

5.4 Do better in school/work/ social situations

If you had other choices would you still get services at the Mental Health Care Centre?

Is there anything else which you think is affecting (positive/negative) service at this place?

Thank you very much.

Appendix B: Focus-Group question guide

1. Tell me about your experiences with the services at the Mental Health Care Centre
   - Probes: staff, facility, access, waiting time, information, respect

2. Is there any aspect of service that you are dissatisfied with?
   - Which aspect, can you describe it?

3. Is there any aspect of service that you are satisfied with?
   - Which aspect, can you describe it?

4. If you had other choices would you still get services at the Mental Health Care Centre?

Appendix C: Patient's satisfaction with mental health service questionnaire.

Questionnaire No: ----------

Date questionnaire is completed: _____2015

Thank you for agreeing to participate in this survey.

Purpose of this research

The questionnaire is to find out about the quality and efficiency of the service provided at the Mental Health Care Centre. Your answers and those of others will tell us what people think of this Mental Health Care Centre. This information will help us to identify areas of strengths and areas in which improvements would help us provide the best possible services.

Voluntary and Confidential

• Your participation is voluntary.

• Your answers will be confidential and will not affect your services at this agency.

Instructions

Please read the instructions for each part of this survey (Parts 1 , and, 2) before completing each section. For each question, please choose only one answer.

In Part 1 of this survey, we ask you to rate your access to care, and the services you received from this Mental Health Care Centre during the past **12 months**; and in Part II, we ask about demographic information, such as your age and ethnicity.

Part I : Satisfaction with Mental Health services

A. Access to services

Question 1: How do you feel about the experience you had trying to access the Mental Health Care Centre?

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐

Question 2: **Was there a treatment or complimentary therapy you would have liked to receive but were unable to get?**

Yes ☐ No ☐

If yes, please specify:_____

Question 3: **I was able to get all the services I thought I needed.**

Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐

Question 4: **If you wanted to see a different clinician would you feel comfortable asking a new clinician?**

Yes, definitely ☐ Somewhat ☐ No ☐

B. Quality of services

Question 5: **How do you feel about the amount of time you waited to be served?**

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐

Question 6 : **Do you feel reception staff treat you with dignity and respect?**

Yes, definitely ☐ Somewhat ☐ No ☐

Question 7: Do you feel your clinician treats you with dignity and respect?

Yes, definitely ☐ Somewhat ☐ No ☐

Question 8: **How do you feel about how your confidentiality and rights are respected?**

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐

Question 9 : **Do you feel your clinician considers and respects your**:

a) ***Spiritual practice?*** Yes, definitely ☐ Somewhat ☐ No ☐

b)***Culture and tradition***? Yes, definitely ☐ Somewhat ☐ No ☐

c***)Gender identity?*** Yes, definitely ☐ Somewhat ☐ No ☐

Question 10: **How do you feel about how your clinician listens to and understands you?**

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐

Question 11: **How do you feel about how often you meet with your clinician?**

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐

Question 12: **How do you feel about the services you receive when you go to the Emergency Department for your mental health concerns?**

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐ N/A ☐

Question 13: How do you feel about the number of health workers at the Mental Health Care Centre?

Terrible shortage ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐

C Participation in treatment plan

Question 14: **Who makes decisions regarding your treatment and recovery?**

Mostly you ☐ Mostly your clinician ☐ You and your clinician together ☐
You, your clinician, and your family/friends together ☐

Question 15: **Do you and your clinician talk about things that are important to you**

Yes, definitely ☐ Somewhat ☐ No ☐

D. Perceived outcomes

Question 16: **Have you experienced improvement in your condition from the time you have used our mental health service?**

Never ☐ Rarely ☐ Very little ☐ Significantly ☐ Totally ☐

Question 17: **How do you feel about how the treatment and services you are receiving are helping you:**

a) Get well and stay well?

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐

b) Build, maintain or improve relationships with family and friends?

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐

c) Improve your ability to work or to go to school?

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐

Question 18

Do you feel free to express concerns about the services you receive without negative consequences?

Yes, definitely ☐ Somewhat ☐ No ☐

E. Information

Question 19: **How do you feel about the helpfulness of information given to you:**

d) To improve your knowledge and understanding of your illness?

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐

e) To prevent relapse?

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐

f) To improve your overall wellness?

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐

Question 20 : **If you take medication for your mental illness, have you been given enough information including:**

a) Choice of medication?

Yes, definitely ☐ Somewhat ☐ No ☐ N/A ☐

b) Benefits?

Yes, definitely ☐ Somewhat ☐ No ☐ N/A ☐

c) ***Managing side effects?***

Yes, definitely ☐ No ☐ N/A ☐

d) ***The reason for any changes that have been made to your medication?***

Yes, definitely ☐ Somewhat ☐ No ☐ N/A ☐

Question 21: **How do you feel about the information provided to help your family and/or friends better understand your illness?**

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐

Question 22 : **Do you feel you have been given enough information about the mental health services and supports available to you**?

Yes ☐ No ☐

Question 23: **Have you been given information on how to provide feedback or express concerns about the care or services you receive?**

Yes ☐ No ☐

Question 24: **Would you like to have reading material or watch TV while waiting to be served?**

Reading material ☐ watch TV ☐ Both ☐ None ☐

F. Participation in treatment goals

Question 25: **Does your clinician encourage and support having family or friends involved in your treatment and recovery?**

Yes, definitely ☐ Somewhat ☐ No ☐

Question 26: **Do you feel that your clinician works together with you and your family of friends in your treatment and recovery?**

Yes, definitely ☐ Somewhat ☐ No ☐

Question 27: **How do you feel about how concerns expressed by you or your family or friends have been handled**?

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐ N/A ☐

G **General Satisfaction**

Question 28: **Are the mental health workers responsive to your issues?**

Yes ☐ No ☐ Yes, to a good extent ☐

Question 29: **How do you feel about your overall experience with the mental health services you have received?**

Terrible ☐ Dissatisfied ☐ Satisfied ☐ Excellent ☐

Question 30 : **Would you recommend this Mental Health Care Centre to a friend or family member**.

Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐

Question 31: **How would you rate our mental health service on a scale of 1 to 5 where Rank 1 means the highest and Rank 5 is the lowest**?

1 2 3 4 5

Question 32: **Please use the following questions as a guide to any other comments you have:**

What are we doing well:

_____

_____

_____

_____

What do you think needs to be improved:

_____

_____

_____

_____

Do you have any additional comments?

_____

_____

_____

_____

Part II: Demographic information: Please choose one response

Question 33: How long have you been using the services of our mental health care centre?	
a) 1-6 months	
b) 7-12 months	
c) 1-2 years	
d) More than 2 years	

e) Don't remember	
Question 34 **Age at date of interview**	
under 20year	
20 -29 years	
30 -39 year	
40 -49 years	
50 -59 years	
60 years or more	
No information	
Type of educational institution last attended	
Primary	
Secondary	
Tertiary	
None	
Present occupation	
Detailed occupation	
Employed	
Unemployed	
Student	
Retired	
Sex	
Female	
Male	
Living situation	
Alone	
With family	

With others	
Marital status	
Single	
Married	
Widowed	
Divorced	
Number of admission to psychiatric wards	
Number of years receiving psychiatric treatment	
Psychiatric diagnosis	
Tribe	

Thank you for your time

Appendix C : Pasiente Opname Rakende Psigiatriese Dienslewering

Vraelys No .....

Datum voltooi.....2015.

Dankie dat u bereid is om aan the opname deel te neem.

Doel van die navorsing

Hierdie vraelys is daarop gemik om die kwaliteit en effektiwiteit van dienslewering by die Psigiatriese sorgneemheid te bepaal. U antwoorde sal ons help omvas te stel wat mense van die Psigiatriese afdeling dink. Die inligting sal ons help om positiewe aspekte van die eenheid en ook aspekte wat verbetering verg te identifiseer sodat ons die beste moontlike diens kan lewer.

Vrywillig en vertroulikheid

- U deelname is vrywillig.
- Alle inligting sal vertroulik hanteer word en sal geen invloed op u toekomstige behandeling hê nie.

Instruksie/ aanwysings

- Lees asseblief die instruksies/aanwysings soos aangedui by elke afdeling (1 en 2) sorgvuldig deur voor u dit voltooi.
- Kies net een antwoord per vraag.
- In afdeling 1 vra ons dat u, u toegang tot behandeling en die dienslewering wat u by die afdeling oor die afgelope 12 maande ervaar het, te bepaal.
- Afdeling 2 handel oor demografiese inligting soos byvoorbeeld ouderdom, geslag, etnisiteit ensovoorts.

Afdeling 1: Tevredenheid met psigiatriese dienste

A. Toegang tot dienslewering

Vraag 1: Hoe ervaar u toegang tot dienslewering by die psigiatries afdeling.

Swak ☐ Ontevvrede ☐ Tevrede ☐ Uitstekend ☐

Vraag 2: Was daar op enige stadium behandeling/terapie wat u graag wou hê, maar nie ontvang het ?

Ja ☐ Nee ☐

Indien ja, verduidelik asseblief_____

Vraag 3: Ek het alle dienste ontvang wat ek benodig.

Stem saam ☐ Neutraal ☐ Verskil☐ stem nie saam nie ☐ ☐

Vraag 4: Indien u van dokter wil verander, het u die vrymoedigheid om te vra?

Ja, beslis ☐ Onseker ☐ Nee ☐

B. Kwaliteit van dienslewering

Vraag 5: Hoe voel u oor die tydperk wat u moes wag voordat u gehelp?

Swak ☐ Ontevrede ☐ Tevrede ☐ Uitstekend ☐

Vraag 6: Behandel die personeel by ontvangs u met die nodige respek en waardigheid?

Ja, beslis ☐ Onseker ☐ Nee ☐

Vraag 7: Behandel die dokter u met die nodige respek en waardigheid?

Ja, beslis ☐ Onseker ☐ Nee ☐

Vraag 8: Voel u dat u regte en vertroulikheid gerespekteer word?

Ja, beslis ☐ Onseker ☐ Nee ☐

Vraag 9: Is u tevrede dat die dokters die volgende respekteer?

a) Geloof: Ja, beslis ☐ Onseker ☐ Nee ☐

b) Kultuur en tradisie: Ja, beslis ☐ Onseker ☐ Nee ☐

c) Geslag: Ja, beslis ☐ Onseker ☐ Nee ☐

Vraag 10: Voel u die dokter luister en verstaan u.

Swak ☐ Ontevrede ☐ Tevrede ☐ Uitstekend ☐

Vraag 11: Is die hoeveelheid afsprake met die dokter voldoende ?

Swak ☐ Ontevrede ☐ Tevrede ☐ Uitstekend ☐

Vraag 12: Hoe het u die dienslewering by die ongevalle eenheid ervaar?

Swak ☐ Ontevrede ☐ Tevrede ☐ Uitstekend ☐

Vraag 13: Is daar volgens u mening genoeg gesondheidswerkers by die psigiatries afdeling?

Nie genoeg ☐ Neutraal ☐ Genoeg ☐ Ek weet nie ☐

C. Deelname aan die behandeling program

Vraag 14: Wie besluit oor u behandelings en herstel program?

Ek self ☐ Dokter ☐ Ek en die dokter saam ☐

Ek, die dokter en familie/vriende saam ☐

Vraag 15: Praat u en die dokter oor die dinge was vir u belangrik is?

Ja beslis ☐ Soms ☐ Nee ☐

Vraag 16: Is daar n verbetering in u toestand sedert die aanvang van u behandeling by die psigiatriese afdeling?

Baie min ☐ Selde ☐ Geen ☐ Aansienlik ☐ Heertemal ☐

Vraag 17: Voel u dat die behandeling en dienste wat u ontvang u help om:

a. Gesondheid teverbeter en gesond the bly.

Swak ☐ Ontevrede☐ Tevrede ☐ Uitstekend ☐

b. **Verhoudings met familie en vriendeop te bou, te onderhou en te te verbeter**.

Swak ☐ Ontevrede ☐ Tevrede ☐ Uitstekend ☐

c. Vermoeë om te werk/skool toe te gaan verbeter.

Swak ☐ Ontevrede ☐ Tevrede ☐ Uitstekend ☐

Vraag 18:Dink u dat u enige probleme oor dienslewering sonder enige negatiewe gevolge kan bespreek ?

Ja, beslis ☐ Effens ☐ Nee ☐

D.Inligting

Vraag 19: Dink u dat u voldoende inligting rakende u toestand ontvang het? *Antwoord op die volgende*:

a. Om u kennis en begrip van die siekte te verbeter.

Swak ☐ Ontevrede ☐ Tevrede ☐ Uitstekend ☐

b. Om terugslag te verhoed.

Swak ☐ Ontevrede ☐ Tevrede ☐ Uitstekend ☐

c. Om u algehele welstand te verbeter

Swak ☐ Ontevrede ☐ Tevrede ☐

Uitstekend ☐

Vraag 20: Het u voldoende inligting met betrekking tot die volgende ontvang?

a. Keuse van medikasie.

Ja, beslis ☐ Effens ☐ Nee ☐ Nie van toepassing ☐

b. Voordele van die medikasie.

Ja, beslis ☐ Effens ☐ Nee ☐ ☐ Nie van toepassing

c. **Newe-effekte van die medikasie**.

Ja, beslis ☐ Effens ☐ Nee ☐ Nie van toepassing ☐

d. Die rede vir enige verandering in die medikasie, indien wel verander.

Ja, beslis ☐ Effens ☐ Nee ☐ Nie van toepassing ☐

Vraag 21: Hoe voel u oor die inligting wat aan u familie en vriende gegee is om u geestestoestand beter te verstaan?.

Swak ☐ Ontevreden ☐ Tevrede ☐ Uitstekend ☐

Vraag 22: Voel u, u het genoeg inligting ontvang oor die psigiatriese dienste en ondersteuning wat aan u beskikbaar is?

Ja ☐ Nee ☐

Vraag 23: Het u voldoende inligting ontvan goor hoe om probleme met betrekking tot die u behandeling en diens wat u ontvang het aan te spreek?

Ja ☐ Nee ☐

Vraag 24: Sal u verkies om leesstof te hê of om TV te kyk terwyl u wag om gehelp te word?

Leesstof ☐ TV kyk ☐ Albei ☐ Geen ☐

E. Deelname aan behandelings doelwitte te bereik

Vraag 25: Het u dokter u aangemoedig en ondersteun om u familie en vriende by u behandeling en herstel/genesing te betrek?

Ja, beslis ☐ Onseker ☐ Nee ☐

Vraag 26: Voel u dat die dokter met u familie/vriende saamwerk in u behandeling en herstel/genesing?

Ja, beslis ☐ Onseker ☐ Nee ☐

Vraag 27: **Word die bekommernise en probleme wat u familie/vriende ervaar korrek hanteer?**

Ja, beslis ☐ Onseker ☐ Nee ☐

F. Algemene tevredenheid

Vraag 28: Gee die gesondheidswerkers die nodige aandag aan u probleme

Ja ☐ Nee ☐ Tot ’n goeie mate ☐

Vraag 29: Wat was u algemene ervaring met betrekking tot die psigiatriese dienste wat u ontvang het?

Swak ☐ Ontevrede ☐ Tevrede ☐ Uitstekend ☐

Vraag 30: Sal u die dienste van die psigiatriese afdeling aan familie/Vriende aanbeveel ?

Sterk aanbeveel ☐ Aanbeveel ☐ Neutraal ☐

Nie aanbeveel ☐ Geensins aanbeveel ☐ Nie van toepassing ☐

Vraag 31: Gee asseblief ‘n aanduiding waar op ‘n skaal van 1 to 5 waar u die dienste plaas (1 = hoogste en 5 = laagste).

1 2 3 4 5

Vraag 32: Gebruik asseblief die volgende vrae as 'n riglyn vir verdere kommentaar.

Wat doen ons goed?

._____

_____

_____

_____

Wat dink u moet verbeter word?

._____

_____

_____

_____

Het u enige verdere kommentaar?

_____

_____

_____

Afdeling 2

Demografiese inligting (Kies slegs 1)

Hoe lank maak u al gebruik van die psigiatriese dienste? **Vraag 33**	
a. 1 – 6 maande	
b. 6 – 12 maande	
c. 1 – 2 jaar	
d. Meer as 2 jaar	
e. Kan nie onthou nie	
Vraag 34 **Ouderdom ten tye van hierdie onderhoud**	
Jonger as 20 jaar	

20 - 29 jaar	
30 - 39 jaar	
40 – 49 jaar	
50 – 59 jaar	
60 jaar of ouer	
Geen inligting	
Vlak van onderrig ontvang	
Primêr	
Sekondêr	
Tersiêr	
Geen	

Huidige beroep	
Werk tans	
Werkloos	
Student	
Afgetree	
Geslag	
Manlik	
Vroulik	
Behuising	
Woon alleen	
Met Familie	
Met ander	
Huweliks status	
Enkellopend	

Getroud	
Weduwee	
Wewenaar	
Geskei	
Aantal opnames in die psigiatriese afdeling	
Aantal jare wat u die behandeling on tvang	
Psigiatriese diagnose	
Etnisiteit	

Dankie vir u samewerking!

Appendix C: Omapuriro komuvere ohunga nokutja unohange pupetapi nonasareta jovavere uomourizemburuka (womutima)

Epuriro:_____

Ejuva omapuriro tjijaenenisiua:_____ 2015

Okuhepa okurijandjera okurira orupa rwongondoneno ndji.

Ondando jongondonone ndji

Omapurironga ohunga nokukondonona ondengu no hepero jomajandjero jomapangero po nganda jovavere wo mourizemburuka. Omaziriro uoje nainga ojavarwe maje turaere ohunga nokutja ovandu veripuravi ohunga nongandandji. Ondjivisirondji mai tuvarere okurituna nokujera ondengu kutja tujandje omapangero omasemba.

Ouharupu no tjiundikwa

- Omakarero uoje norupa omanaujara/omanauharupu
- Omaziriro uoje majekara omaundikwa nu kaeno kutuna komapangero uoje porupandwi

Omazeva

Arikana lesa omazeva jorukondwa aruhe ngunda auhiya uta okuzira. Kepuriro arihe, arikana jandja eziriro rimwe arijerike momwano uokutoorora.

Morupa orutenga rwongondononeno ndji, twekupura okuhaveha oupupurukwe wokujarurwa wokumuna omapangeromba, no muzura wondjindiro po nganda yovavere uomourizemburuka koure uomweze 12 mbiaka pita. Numorupa orutjavari twekupura ohunga nongaramwinyo joje tjimuna ozombura no muhoko kuuaza.

Ounahange no ndjindiro jo maunguriro poNganda ndji.

A. Oupupu uo maakuriro

Epuriro 1: **Unoumune mburivi natjiuakondja okuje kupangwa mba kotjikando otjitenga?**

Ouvinavi ☐ Hinahange ☐ Mbinohange☐ Nawatjinene ☐

Epuriro oritja 2: Pari omapangero poo atjiapekara warwe ove ngotjovanga nu nunguuhayenenene okupeua?

ii☐ Kako☐

Nu tjiuaziri o ii – handjaura Komurungu.

Epuriro oritja 3: Ami mbajenena okupeua ombangero indji ndjeehepa?

Meikumwe ☐ Mbiri pokati Kovivara ☐ hinakujenda kumue ☐

Kahepero ☐

Epuriro oritja 4: Indi ndoovazu mohepa okumuna omukupange uarwe omupe okukupanga mokara noupupurukwe okumupura?

Kaparukaze ☐ ii nao ☐ Kako ☐

B. Ondengu joviungura viomapengero

Epuriro oritja 5: Momunukovi ohunga nozoiri ndooundju okuvaterwa?

Navitjinene☐ Hinohange ☐ Mbinohange ☐ Ombwa tjinene ☐

Epuriro oritja 6: Momunu Kutja ovekujakure vekutjinda no nduri no ndengero ndjiriyo?

Ii kaparukaze ☐ ii opuwo nao ☐ kako ☐

Epuriro oritja 7: Momunu kutja onganga poo omukupange ukutjinda nonduri no ndengero?

Ii kaparukaze ☐ ii opuwo nao ☐ kako ☐

Epuriro oritja 8: Umunavi ohunga no matiziro uoviundikwa noujara , vipeua ondengero?

Kaparukaze ☐ hinohange ☐ mbinohange ☐ mbinohange tjinene ☐

Epuriro oritja 9: Umuna kutja omukupange/onganga utara nokutenga o:

a) **Oviombepo?**
ii Navi tjinene ☐ ii nao ☐ Kako ☐

b) **Oviombazu no muhoko?**
ii Navi tjinene ☐ ii nao ☐ Kako ☐

c) **Noviongaro joundu : vioukaze, nourume, woye kaparukaze?**
ii Navi tjinene ☐ ii nao ☐ Kako ☐

Epuriro oritja 10: Umunavi ohunga nokutja omukupange poo onganga joye ikupuratena no kukuzuva?

Navitjinene ☐ hinohange ☐ mbinohange ☐ mbinohange tjinene ☐

Epuriro oritja 11: Umunavi ohunga novikando mbitapi mbiuhakaena no nganga joye?

Navi tjinene ☐ hinohange ☐ mbinohange ☐ nawatjinene ☐ kaviapo ☐

Epuriro oritja 12: Umunavi ohunga nondjindiro ndjiupewa tji uai korupa rwomapangero uo hakahana ohunga nouvere woje uourizemburuka/uotjiuru?

Navatjinene ☐ hinohange ☐ mbinohange ☐ mbinohange tjinene ☐ kaviapo ☐

Epuriro oritja 13: Unoumune mburivi ohunga notjivarero tjovaungure uouveruke mbeunguramba?

Kavenondengu ☐ pokatikovivara ☐ vaenena ☐ hinoumune ☐

C. Omakareremo norupa momapangero

Epuriro oritja 14: Oune ngutia ohunga nomapangero no mberukiro joye?

Tjinene ouami ☐ Tjinene onganga ☐ Ouami pamwe nonganga ☐
Ouami, no naganga, nomuhoko no mapanga ☐

Epuriro oritja 15: Ove nonganga joje muhungira ohunga novina mbiri ovinahepero kove?

Ii kaparukaze ☐ ii nao ☐ kako ☐

D. Omaundjiro wombangero

Epuriro oritja 16: Uamuna omarundurukiro jouveruke komutjise woye nganda uauta okuungurisa ombangero imba?

Katiti nao ☐ oungundi ☐ nangarire ☐ Tjinene ☐ Tjinene nomasa ☐

Epuriro oritja 17: Umunavi ohunga nomiti no ndjindiro kutja ikuva tera:

a) **Kutja uveruke nuukare nawa?**
   Navitjinene ☐ hinohange ☐ mbinohange ☐ nawatjinene ☐

b) **Okutunga, nokutuna ongaro pokati koje no muhoko nomapanga?**
   Navitjinene ☐ hinohange ☐ mbinohange ☐ nawa tjinene ☐

c) **Ikupendaparisa kutja ujende koviungura poo koskole?**
   Navitjinene ☐ hinohange ☐ mbinohange ☐ nawa tjinene ☐

Epuriro oritja 18: Umuna oupupurukwe okujarisa okuhinahange ohunga nondjindiro imba, nu nokuhina okupirurwa?

Ii Kaparukaze ☐ iinao ☐ kako ☐

E. Ondjivisiro

Epuriro oritja 19: Umunavi ohunga nombatero no ndjivisiro ndjiupewa?

a) **Kutja ukare nondjiviro nuuzuve omutjise woye?**
   Navitjinene ☐ hinohange ☐ mbinohange ☐ nawa tjinene ☐

b) **Okutjaera kutja ohajarukirwa ijomutjise?**
   Navitjinene ☐ hinohange ☐ mbinohange ☐ nawa tjinene ☐

c) **Okunononga parisa ohambwarakana jouveruke woje?**
   Navitjinene ☐ hinohange ☐ mbinohange ☐ nawa tjinene ☐

Epuriro oritja 20: Indindaazuu unwomiti komutjise uourizemburuka/uotjiuru, uapeua ondjiviro ndjaenene muimbi?

a) **Okutoorora omiti?**
   ii kaparukaze ☐ iinao ☐ kako ☐ kaviapo ☐
b) **Ounahepero?**

   ii kaparukaze ☐ iinao ☐ kako ☐ kaviapo ☐

c) **Kutja tjimavikutjiti navi tjitavi?**
ii kaparukaze ☐ iinao ☐ kako ☐ kaviapo ☐

d) **Uapeua epu kutja omena raye, indi ndaazu omiti vioye viatanaurwa (viauezeua/viaisakeua)**
ii kaparukaze ☐ iinao ☐ kako ☐ kaviapo ☐

Epuriro oritja 21: Umunavi ohunga nondjivisiro ndjayandjua komuhoko nomapanga kutja vezuve nawa ohunga nomutjise woje?

Navitjinene ☐ hinohange ☐ mbinohange ☐ nawa tjinene ☐

Epuriro oritja 22: Umuna kutja uapeua ondjivisiro ndjajenena ohunga noviungurisiua, nombatero ndjimoyenene okupeua mba?

ii ☐ kako ☐

Epuriro oritja 23: Uapeua ondjivisiro ohunga nokukotor ondaze poo okujandja oumune uong ohunga no ndjindiro jomapangero mba?

ii ☐ kako ☐

Epuriro oritja 24: Indingunda amoundju okuvaterua otjovanga okungundoo rese poo okuta rera oTV?

Ovireseua ☐ okutara oTV ☐ avijevari ☐ kako ☐

F. Omakarero norupa mondando jo mapangero

Epuriro oritja 25: Onganga yoje poo omuku pange ukunjanjaiza nokukuvatera kutja omuhoko nomapanga jekaremo norupa momapangero woye?

ii kaparukaze ☐ ii nao ☐ kako ☐

Epuriro oritja 26: Umuna kutja onganga yoye iungura pamwe naove no muhoko nomapanga kombanga no mberukiro joye?

ii kaparukaze ☐ ii nao ☐ kako ☐

Epuriro oritja 27: Umunavi nokutja hapo ondjemeno ndjiuajandja poo ndjajandjua ijo muhoko poo omapanga jatjinduavi?

Navitjinene ☐ hinohange ☐ mbinohange ☐ nawa tjinene ☐

G. Ohange ohunga naimba na mbeni

Epuriro oritja 28: Ovaungure worupa rwouveruke uoviuru/uomerizemburuka vezirira kondjuriro joje?

ii ☐ kako ☐ ii opuwo nao ☐

Epuriro oritja 29: Unoumune mburivi ohunga nombangero moumbomba wayo ponganda ndji yo vavere uoviuru/uomitima womerizemburuka?

Ouvinavi ☐ hinohange ☐ mbinohange ☐ ombwatjinene ☐

Epuriro oritja 30: Moyenene okunangerako epanga poo omuhoko woye kutja veekupangwa mba?

meikumue tjinene ☐ meikumwe ☐ pokati kovivara ☐ kako ☐ himeeroro ☐ kainakuhepua ☐

Epuriro oritja 31: Mojenene okutu toorora nongapi koviungura mbiyandjuamba/nombangero kotjivihe okuza po 1 nga ko 5 indindaazu o imwe maihee omaunguriro uopondomba nu ondano maihee omaunguriro uokehikehi?

1 2 3 4 5

Epuriro oritja 32: Tjiunoumune warwe arikana ungurisa omapuriro ngayandjwa otjotjitumbure kehimba:

Ovikwaye mbituungura nawa?

_____

_____

_____

Ovikwaye mbitusokutuna?

_____

_____

_____

Unoumune uamunda warwe mbumohepa okuueza?

_____

Jandja eziriro rimwe toorora

Epuriro oritja 33 **Omapangero woye imba uauta rune**	
a) 1-6 omueze	
b) 6-12 omueze	
c) 1-2 ozombura	
d) Kombanda yozombura mbari	
e) Hinokuzemburuka	

Epuriro oritja 34 **Ozombura nduuarinazo tjiuauta okumunikwa/okupurua nomajuva nguuapurwa**	
Kehi jozombura o 20	
Ozombura 20-29	
Ozombura 30-39	
Ozombura 40-49	
60 Nokombanda	
Omahongero nguuari nao jaandera pi	

Ondondo jo mbutiro	
Ondondo jo pokati	
Ondondo jo kombanda	
Hihitire oskole	
Oviungura mbiurimo nai	
Mbiungura	
Hingura	
Ouami omuhongwa	
Mbazako moukurundu	
Oukaze nourume	
Omaukaendu	
Omurumendu	
Uhupa vi/punaune	
Erike	
Nomuhoko	
Novandu varwe	
Orukupo	
Hijakupwa	
Mbakupwa	
Mbahepunda	
Mbaisorukupo	
Uarora okujakurwa okurarisiua tungapi mozo sala	
Ozombura ngapi nai nduu pangwa mbwa	

Omutjise ooune?
Omuhoko woye oune?

Ndangi kokukara no rupa, noKutujazema oruveze rwoje.

Appendix C: Omapulapulo komaiyuvo gomunuuvu shina sha neyakulo lyuundjolowele womadhiladhilo .

Onomola yepekapeko: _____

Esiku: _____2015

Tangi sho wa zimine oku kutha ombinga momapeekapeko ngaka.

Elalakano lyekongo lyomauyelele ngaka.

Epekapeko ndika otali lalakanene oku konga uuyelele kombinga yongushu yomayakulo haga gandjwa po Menatl Health Care Centre. Omayamukulo goye nogayakweni ota ge tu lombwele kutya aantu otaya tile ngiini oshipangelo shetu. Uuyelele mbuka otau tu wathele opo tu mone mpoka twa longa nawa naampoka twa pumbwa oku opaleka opo tu vule oku gandja omayakulo gongushu ngashi tashi vulika.

Eiyambo nekalekepo lyiiholekwa yoye

- Ekuthombinga lyoye otoli ningi mokwiiyamba
- Omayamukulo goye ogeli oshiholekwa no itaga gumu omayakulo ngoka homono pehala mpaka.

Omalombwelo

Alikana lesha omalombwelo mokatopolwa kehe komapulapulo ngaka (okatopolwa kotango nokatiyali) manga ino udhitha okatopolwa kehe. Kepulo kehe, hogolola po eyamukulo limwe alike.

Mokatopolwa kotango komapekapeko ngaka, otatu pula u vihe uupu woye mokuthika putse/pepango, nomayakulo ngo wa mona poshipangelo shetu muule woo woomwedhi 12 dha piti no mo katopolwa okatiyali omauyelele gopaumwene ngaashii oomvula dhoye nosho wo omuhoko goye.

Okatopolwa kotango: Oku uva nawa no mayakulo guundjolowele womomadhiladhilo

A. Okuthika nokumona omayakulo

Epulo 1: Owu uvite ngiini konkalo yokumona nokuthika pehala ndino lyomayakulilo?

Yi kenyeneka ☐ Yu uvitha nayi ☐ yu uvitha nawa ☐ ya dhenga mbada ☐

Epulo 2: Opwali puna eyakulo nenge epango lya gwedhwa po wali wuuvite wa pumbwa okulipewa ihe ino vula okuli mona?

Eeno ☐ Aawe ☐

Ngele eeno, fatulula muule/ li tu mbula: _____

Epulo 3: Ondali nda vulu okumona omayakulo agehe ngono ndu uvite ndali nda pumbwa

Osho ☐ Ondi li pokati ☐ Hasho ☐ Inashi guma ndje ☐

Epulo 4: Ngele ando owali wa hala wu monike ku ndohotola gumwe iili, owa manguluka ngaa oku pula u monike kundohotola gulwe?

Eeno thiluthilu ☐ Oshili ngaa ☐ Aawe ☐

B. Ongushu yomayakulo

Epulo 5: Owu uvite ngiini kethimbo ndjono wa tegelelela opo u yakulwe?

Li kenyeneka ☐ Lyuuvitha nayi ☐ Lili nawa ☐ Li li nawa lela ☐

Epulo 6: Ou uvite kutya aaniilonga yaampa hapu thikilwa oye ku yakula pauntu nopasimaneko?

Eeno lelalela ☐ Oshili ngaa ☐ Aawe ☐

Epulo 7: Ou uvite kutya Ndohotola gwoye ohe ku yakula pauntu nonesimaneko?

Eeno lela lela ☐ Oshili ngaa ☐ Aawe ☐

Epulo 8: Ou vite ngaa iiholekwa yoye nuuthemba woye wa simanekwa?

Nda kenyanana ☐ Ndu uva nayi ☐ Nduuva nawa ☐ Nawa unene ☐

Epulo 9 : Ou uvite Ndohotola gwoye a talako nokwa simaneka:

a) **Uukwambepo woye ?**

Eeno lelalela ☐ Oshili ngaa ☐ Aawe ☐

b) **Omuthigululwakalo noonkulunkedhi dhoye?**
Eeno lelalela ☐ Oshili ngaa ☐ Aawe ☐

c) **Uukashike ko okantu woye?**
Eeno lelalela ☐ Oshili ngaa ☐ Aawe ☐

Epulo 10: Ou vitile ngiini okupulakenwa noku uviwako ku ndohotola gwoye?

Nayi unene ☐ Nayi ☐ Nawa ☐ Nawa unene ☐

Epulo 11: Ou uvitile ngiini omalufo gokuya ku ndohotola gwoye?

Nayi unene ☐ Nayi ☐ Nawa ☐ Nawa unene ☐

Epulo 12: Ou vitile ngiini omayakulo nga homono ngele wayi kiikondo yeyakulo lyomeendelelo nuupyakadhi woye wopamadhiladhilo?

Nayi unene ☐ Nayi ☐ Nawa ☐ Nawa unene ☐

Epulo 13: Ou vitile ngiini omwaalu gwaaniilonga yopaundjolouele poshipangelo shetu?

Inagu gwana ☐ Ogu li pokati ☐ Ogwa gwana ☐ kandi shiwo ☐

C. Ekuthombinga mepango/melongekidho lyepango

Epulo 14: Olye haningi omatokolo shi nasha nepango/ neyaluko lyoye?

Olundji ongoye ☐

Olundji ondohotola gwoye ☐

Ongoye pamwe na ndohotola gwoye ☐

Ongoye,na Ndohotola gwoye, naakwazimo yoye nenge oo kuume koye ☐

Epulo 15: Ngoye na Ndohotola gwoye ohamu popi tuu iinima mbi yasimana kungoye?

Eeno lela lela ☐ Oshili ngaa ☐ Aawe ☐

D. Iizemo yategamenua

Epulo 16: Onkalo yoye oya tipo hwepo konima showa mono omayakulo getu?

Nandenando ☐ Kashonashona ☐ Kashona ☐ Noonkondo ☐ Thilu thilu ☐

Epulo 17: Ou vite kutya epango nomayakulo nga ho mono otage ku kwathele:

a) Oku aluka noku kala uli nawa?

Nayi unene ☐ Nayi ☐ Nawa ☐ Nawa unene ☐

b) Okutunga, oku kalekapo, nenge oku huepopeka omakwataathano naakwanezimo nookuume?

Nayi unene ☐ Nayi ☐ Nawa ☐ Nawa unene ☐

c) Oku huepopeka evulo okuya kiilonga nenge kosikola?

Nayi unene ☐ Nayi ☐ Nawa ☐ Nawa unene ☐

Epulo 18: Ou uvite tuu wa manguluka okuhololola omaiuvo goye kombinga yomayakulo ngo ho mono no kaa pena iilanduli iiwinayi?

Eeno lela lela ☐ Oshili ngaa ☐ Aawe ☐

E. Omauyelele

Epulo 19: Ou vite ngiini kombinga yewathelo lyuuyelele mbu wa pewa:

a) **Oku huepopaleka ontseyo yoye neuveko lyomukithi gwoye?**
Nayi unene ☐ nayi ☐ nawa ☐ nawa unene ☐

b) **Oku keelela etukuluko lyuuvu?**
Nayi unene ☐ nayi ☐ nawa ☐ nawa unene ☐

c) **Oku hwepopaleka uundjolowele woye mokuudha?**
Nayi unene ☐ nayi ☐ nawa ☐ nawa unene ☐

Epulo 20: Ngele oho nu omiti dhuuvu wommnutse owa pewa tuu uuyelele wagwana mwa kwatelwa:

a) **Ehogololo lyomiti?**

Eeno lela lela ☐ kashona ngaa ☐ Hasho ☐ Inashi guma ndje ☐

b) **Omauwanawa?**
Eeno lela lela ☐ kashona ngaa ☐ nande nande ☐ Inashi guma ndje ☐

c) **Shono una okuninga ngele omiti ta dhi ku ningi nayi?**
Eeno lela lela ☐ kashona ngaa ☐ nande nande ☐ Inashi guma ndje ☐

d) **Oku pewa etompelo kelundululo kehe lyomiti dhoye?**
Eeno lela lela ☐ kashona ngaa ☐ nande nande ☐ Inashi guma ndje ☐

Epulo 21: **Ou uvite ngiini kuuyelele wa gandjwa okukwathela ofamily nenge ookume koye okuuvako nawa omukithi gwoye?**

Nayi unene ☐ nayi ☐ nawa ☐ nawa unene ☐

Epulo 22: **Ou uvite owa pewa uuyelele wa gwana kombinga yo mayakulo ha ga gandjua genasha nuuvu momadhiladhilo neyambidhidho ndjono to vulu okumona?**

Eeno ☐ aawe ☐

Epulo 23: **Owa pewa tuu uuyelele nkene to vulu okuholola omaiuvo goye shi nasha nesiloshimpwiyu no mayakulo nga homono?**

Eeno ☐ aawe ☐

Epulo 24: **Owa hala u pewe sha shokulesha nenge utale oTV manga wa tegelela oku yakulwa?**

Sha shoku lesha ☐ Okutala oTV ☐ Ayihe ☐ nande oshimwe ☐

F. Ekuthombinga momalalakano gepango

Epulo 25: **Ndohotola gwoye ohe ku tsu tuu omukumo neyambidhitho opo ofamily nookume koye ya kuthe ombinga mepango nome yakulo lyoye?**

Eeno lela lela ☐ Oshili ngaa ☐ Aawe ☐

Epulo 26: **Ou uvite ndohotola gwoye ota longele tuu kumwe nangoye , ofamily nookume koye shi nasha nepango neyaluko lyoye?**

Eeno lela lela ☐ Oshili ngaa ☐ Aawe ☐

Epulo 27: **Ou uvite ngiini nkene omalimbililo/omaiuvo goye, gaakwazimo nogookuume koye haga ungauungwa nago?**

Nayi unene ☐ nayi ☐ nawa ☐ nawa unene ☐

inashi guma ndje☐

G. Eivonawa lyakwalukehe

Epulo 28: **Aaniilonga yuundjolowele womomutse ohaya yamukula tuu kiikumungu yoye/koonpwummbwe dhoye?**

lela noonnkondo ☐ Eeno ☐ aawe ☐

Epulo 29: **Ou uvite ngiini komayakulo gakwalukehe guundjolouele womomutse nga ho mono?**

Nayi unene ☐ nayi ☐ nawa ☐ nawa unene ☐

Epulo 30: **Oto vulu oku tseyithila (lombwela)/popila/ulukila kuume nenge omukwanezimo goye kombinga yo shipangelo shetu?**

Otezimine lela lela/noonkondo ☐

Otezimine/ondazimina ☐

Ondi li pokati ☐

Itandi zimine ☐

Itandi zimine nando nando ☐

Inashi guma ndje ☐

Epulo 31: Koshiyelekitho sha 1 sigo 5, omayakulo getu otoga tula pungapi?, mpono yimwe tayi ti omayakulo gopombanda lela omanga ntano tayi ti omayakulo gopevi lela.

1 2 3 4 5

Epulo 32: Alikana longitha omapulo taga landula onga ekwatho/ ge ku kwathele moku gandja omagwedhelepo ngoka una:

Openi (oshike)/ mpoka tatu longo nawa:

_____

_____

_____

_____

Openi/oshike wu uvite twa pumbwa oku opaleka:

_____

_____

_____

_____

Ou nap o omagwedhelepo galwe:

_____

_____

_____

_____

Oshitopolwa oshitiyali: Omauyelele gopaumwene: Hogolola eyamukulo limwe a like.

Epulo 33: Omayakulo getu owe ga longitha ethimbo lithike peni?	
a) Oomwedhi 1-6	
b) Oomwedhi 7-12	
c) Oomvula 1-2	
d) Shivulithe poomvula 2	
e) Itandi dhimbulukwa	
Epulo 34 **Oomvula dhoye mesiku lyoma pulaapulo**	
Kohi yoomvula 20	
Pokati koomvula 20-29	
Pokati koomvula 30-39	
Pokati koomvula 40-49	
Pokati koomvula 50-59	
Poomvula 60 nenge dhivule po	
Kapuna uuyelele	
Oshiputudhilo shopombanda wa hugunina	
Opirima	
Osecondere	

Pelongo lyopombanda	
Kapu na	
Eithano/iilonga yoye	
Oha ndi longo	
Ihe longo	
Omwiilongi	
Uli moshipundi (mopenzela) shevululuko	
Uuka shike kookantu woye	
Omukiintu	
Omulumentu	
Onkalo yolukalwa/yokukala	
Ongoye awike	
Uli naakwanezimo lyoye	
Naantu yalwe	
Ondjokana	
Ine hokana/nwa	
Wa hokanwa	
Wa silwa	
Wa hengana	
Iikando wa kwatelwa moombete moluuvu womomadhiladhilo	
Omwaalu gwoomvula wa kala to mono epango lyuuvu womomadhiladhilo	
Edhina lyomukithi gwoye	
Omuhoko gwoye	

Tangi kekuthombinga lyoye (Tangi molwethimbo lyoye)

Appendix D: Chi- Square Tests Results

gender * overall Satisfaction

Crosstab

			overall experience				
			Terrible	Dissatisfied	Satisfied	Excellent	Total
gender	Female	Count	5	5	73	29	112
		% within gender	4.5%	4.5%	65.2%	25.9%	100.0%
	Male	Count	2	8	63	68	141
		% within gender	1.4%	5.7%	44.7%	48.2%	100.0%
Total		Count	7	13	136	97	253
		% within gender	2.8%	5.1%	53.8%	38.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	15.270[a]	3	.002
Likelihood Ratio	15.564	3	.001
N of Valid Cases	253		

marital status * overall Satisfaction

Crosstab

			overall experience				
			Terrible	Dissatisfied	Satisfied	Excellent	Total
marital status	Divorced	Count	0	0	6	5	11
		% within marital status	0.0%	0.0%	54.5%	45.5%	100.0%
	Married	Count	0	3	20	13	36
		% within marital status	0.0%	8.3%	55.6%	36.1%	100.0%
	NR	Count	0	2	0	0	2
		% within marital status	0.0%	100.0%	0.0%	0.0%	100.0%
	Single	Count	7	8	108	79	202

		% within marital status	3.5%	4.0%	53.5%	39.1%	100.0%
	Widowed	Count	0	0	2	0	2
		% within marital status	0.0%	0.0%	100.0%	0.0%	100.0%
Total		Count	7	13	136	97	253
		% within marital status	2.8%	5.1%	53.8%	38.3%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	42.375[a]	12	.000
Likelihood Ratio	19.852	12	.070
N of Valid Cases	253		

age at interview * overall Satisfaction

Crosstab

			overall experience				
			Terrible	Dissatisfied	Satisfied	Excellent	Total
age at interview	no information	Count	0	2	7	0	9
		% within age at interview	0.0%	22.2%	77.8%	0.0%	100.0%
	under 20 years	Count	3	0	2	6	11
		% within age at interview	27.3%	0.0%	18.2%	54.5%	100.0%
	20-29 years	Count	2	3	28	27	60
		% within age at interview	3.3%	5.0%	46.7%	45.0%	100.0%
	30-39 years	Count	2	5	50	28	85
		% within age at interview	2.4%	5.9%	58.8%	32.9%	100.0%
	40-49 years	Count	0	0	30	26	56
		% within age at interview	0.0%	0.0%	53.6%	46.4%	100.0%

	50 - 59 years	Count	0	3	15	4	22
		% within age at interview	0.0%	13.6%	68.2%	18.2%	100.0%
	60 and more years	Count	0	0	0	6	6
		% within age at interview	0.0%	0.0%	0.0%	100.0%	100.0%
Total		Count	7	13	132	97	249
		% within age at interview	2.8%	5.2%	53.0%	39.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	61.223[a]	18	.000
Likelihood Ratio	55.398	18	.000
Linear-by-Linear Association	4.757	1	.029
N of Valid Cases	249		

employment status * overall Satisfaction

Crosstab

			overall experience				
			Terrible	Dissatisfied	Satisfied	Excellent	Total
employment status	retired	Count	0	0	3	8	11
		% within employment status	0.0%	0.0%	27.3%	72.7%	100.0%
	employed	Count	2	6	41	48	97
		% within employment status	2.1%	6.2%	42.3%	49.5%	100.0%
	unemployed	Count	5	5	75	37	122
		% within employment status	4.1%	4.1%	61.5%	30.3%	100.0%
	student	Count	0	0	14	4	18

	% within employment status	0.0%	0.0%	77.8%	22.2%	100.0%
Total	Count	7	11	133	97	248
	% within employment status	2.8%	4.4%	53.6%	39.1%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	20.391[a]	9	.016
Likelihood Ratio	22.144	9	.008
Linear-by-Linear Association	7.785	1	.005
N of Valid Cases	248		

Number of admission * overall Satisfaction

Crosstab

			overall experience				
			Terrible	Dissatisfied	Satisfied	Excellent	Total
Number of admission	0	Count	0	0	32	28	60
		% within Number of admission	0.0%	0.0%	53.3%	46.7%	100.0%
	1	Count	0	3	19	26	48
		% within Number of admission	0.0%	6.3%	39.6%	54.2%	100.0%
	2	Count	0	6	26	14	46
		% within Number of admission	0.0%	13.0%	56.5%	30.4%	100.0%
	3	Count	0	0	10	16	26
		% within Number of admission	0.0%	0.0%	38.5%	61.5%	100.0%
	4	Count	0	0	6	4	10
		% within Number of admission	0.0%	0.0%	60.0%	40.0%	100.0%

	5	Count	0	0	5	3	8
		% within Number of admission	0.0%	0.0%	62.5%	37.5%	100.0%
	6	Count	0	0	3	0	3
		% within Number of admission	0.0%	0.0%	100.0%	0.0%	100.0%
	7	Count	0	0	3	0	3
		% within Number of admission	0.0%	0.0%	100.0%	0.0%	100.0%
	8	Count	2	0	0	4	6
		% within Number of admission	33.3%	0.0%	0.0%	66.7%	100.0%
Total		Count	2	9	104	95	210
		% within Number of admission	1.0%	4.3%	49.5%	45.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	98.537[a]	24	.000
Likelihood Ratio	51.799	24	.001
Linear-by-Linear Association	3.599	1	.058
N of Valid Cases	210		

duration of illness in years * overall Satisfaction

Crosstab

			overall experience				
			Terrible	Dissatisfied	Satisfied	Excellent	Total
duration of illness in years	0	Count	0	0	2	0	2
		% within duration of illness in years	0.0%	0.0%	100.0%	0.0%	100.0%
	1	Count	0	0	18	23	41

	% within duration of illness in years	0.0%	0.0%	43.9%	56.1%	100.0%
2	Count	0	0	9	9	18
	% within duration of illness in years	0.0%	0.0%	50.0%	50.0%	100.0%
3	Count	0	3	16	6	25
	% within duration of illness in years	0.0%	12.0%	64.0%	24.0%	100.0%
4	Count	0	3	10	2	15
	% within duration of illness in years	0.0%	20.0%	66.7%	13.3%	100.0%
5	Count	0	0	5	12	17
	% within duration of illness in years	0.0%	0.0%	29.4%	70.6%	100.0%
6	Count	0	0	3	0	3
	% within duration of illness in years	0.0%	0.0%	100.0%	0.0%	100.0%
7	Count	0	2	3	8	13
	% within duration of illness in years	0.0%	15.4%	23.1%	61.5%	100.0%
8	Count	0	0	9	9	18
	% within duration of illness in years	0.0%	0.0%	50.0%	50.0%	100.0%
9	Count	0	0	2	0	2
	% within duration of illness in years	0.0%	0.0%	100.0%	0.0%	100.0%
10	Count	2	3	11	9	25
	% within duration of illness in years	8.0%	12.0%	44.0%	36.0%	100.0%
14	Count	0	0	4	0	4
	% within duration of illness in years	0.0%	0.0%	100.0%	0.0%	100.0%
15	Count	0	0	3	5	8
	% within duration of illness in years	0.0%	0.0%	37.5%	62.5%	100.0%
17	Count	0	0	0	2	2

		% within duration of illness in years	0.0%	0.0%	0.0%	100.0%	100.0%
	18	Count	0	0	3	0	3
		% within duration of illness in years	0.0%	0.0%	100.0%	0.0%	100.0%
	19	Count	0	0	2	4	6
		% within duration of illness in years	0.0%	0.0%	33.3%	66.7%	100.0%
	20	Count	0	0	2	3	5
		% within duration of illness in years	0.0%	0.0%	40.0%	60.0%	100.0%
	24	Count	0	0	2	0	2
		% within duration of illness in years	0.0%	0.0%	100.0%	0.0%	100.0%
	25	Count	0	0	3	0	3
		% within duration of illness in years	0.0%	0.0%	100.0%	0.0%	100.0%
	27	Count	0	0	3	0	3
		% within duration of illness in years	0.0%	0.0%	100.0%	0.0%	100.0%
	32	Count	0	0	3	0	3
		% within duration of illness in years	0.0%	0.0%	100.0%	0.0%	100.0%
Total		Count	2	11	113	92	218
		% within duration of illness in years	0.9%	5.0%	51.8%	42.2%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	81.748[a]	60	.032
Likelihood Ratio	86.748	60	.014
Linear-by-Linear Association	1.534	1	.216
N of Valid Cases	218		

duration of using service * overall Satisfaction

Crosstab

			overall experience				
			Terrible	Dissatisfied	Satisfied	Excellent	Total
duration of using service	do not know	Count	3	4	11	16	34
		% within duration of using service	8.8%	11.8%	32.4%	47.1%	100.0%
	1 -6 months	Count	0	0	12	16	28
		% within duration of using service	0.0%	0.0%	42.9%	57.1%	100.0%
	7 -12 months	Count	0	0	7	4	11
		% within duration of using service	0.0%	0.0%	63.6%	36.4%	100.0%
	13 -24 months	Count	0	3	15	8	26
		% within duration of using service	0.0%	11.5%	57.7%	30.8%	100.0%
	25 months and more	Count	4	6	91	51	152
		% within duration of using service	2.6%	3.9%	59.9%	33.6%	100.0%
Total		Count	7	13	136	95	251
		% within duration of using service	2.8%	5.2%	54.2%	37.8%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	23.017[a]	12	.028
Likelihood Ratio	24.107	12	.020
Linear-by-Linear Association	.563	1	.453
N of Valid Cases	251		

Type of education * overall Satisfaction

Crosstab

			overall experience				
			Terrible	Dissatisfied	Satisfied	Excellent	Total
Type of education	none	Count	0	0	2	2	4
		% within Type of education	0.0%	0.0%	50.0%	50.0%	100.0%
	primary	Count	0	3	23	13	39
		% within Type of education	0.0%	7.7%	59.0%	33.3%	100.0%
	secondary	Count	5	2	77	61	145
		% within Type of education	3.4%	1.4%	53.1%	42.1%	100.0%
	tertiary	Count	2	3	30	15	50
		% within Type of education	4.0%	6.0%	60.0%	30.0%	100.0%
Total		Count	7	8	132	91	238
		% within Type of education	2.9%	3.4%	55.5%	38.2%	100.0%

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	8.897[a]	9	.447
Likelihood Ratio	10.023	9	.349
Linear-by-Linear Association	.996	1	.318
N of Valid Cases	238		

living situation * overall Satisfaction

Crosstab

			overall experience				
			Terrible	Dissatisfied	Satisfied	Excellent	Total
living situation	with others	Count	3	3	15	14	35

		% within living situation	8.6%	8.6%	42.9%	40.0%	100.0%
	alone	Count	2	0	11	8	21
		% within living situation	9.5%	0.0%	52.4%	38.1%	100.0%
	with family	Count	2	8	106	75	191
		% within living situation	1.0%	4.2%	55.5%	39.3%	100.0%
Total		Count	7	11	132	97	247
		% within living situation	2.8%	4.5%	53.4%	39.3%	100.0%

Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	12.733[a]	6	.047
Likelihood Ratio	11.407	6	.077
Linear-by-Linear Association	2.633	1	.105
N of Valid Cases	247		

Appendix E: Tests of Multicollinearity Assumption for the Ordinal Regression Model

Crosstabs

gender * marit1

Crosstab

Count

		marit1		
		single	Ever married	Total
gender	Female	98	20	118
	Male	114	29	143
Total		212	49	261

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.470[a]	1	.493		
Continuity Correction[b]	.277	1	.599		
Likelihood Ratio	.473	1	.492		
Fisher's Exact Test				.527	.300
N of Valid Cases	261				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 22.15.

b. Computed only for a 2x2 table

gender * age1

Crosstab

Count

		age1			
		under 30 years	30-39 years	40 years and above	Total
gender	Female	27	43	44	114
	Male	44	50	40	134
Total		71	93	84	248

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	3.196[a]	2	.202
Likelihood Ratio	3.214	2	.201
N of Valid Cases	248		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 32.64.

gender * employment1

Crosstab

Count

		employment1		
		employed	unemployed	Total
gender	Female	46	69	115
	Male	51	92	143
Total		97	161	258

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.511[a]	1	.475		
Continuity Correction[b]	.343	1	.558		
Likelihood Ratio	.510	1	.475		
Fisher's Exact Test				.519	.279

N of Valid Cases	258				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 43.24.

b. Computed only for a 2x2 table

gender * admission1

Crosstab

Count

		admission1			
		3 or less	between 3 and 5	6 or more	Total
gender	Female	71	13	9	93
	Male	85	37	3	125
Total		156	50	12	218

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	11.323[a]	2	.003
Likelihood Ratio	11.692	2	.003
N of Valid Cases	218		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.12.

gender * duration1

Crosstab

Count

		duration1			
		5 years and below	6 to 10 years	11 years and above	Total
gender	Female	48	28	19	95
	Male	70	39	20	129
Total		118	67	39	224

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.791[a]	2	.673
Likelihood Ratio	.785	2	.675
N of Valid Cases	224		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 16.54.

gender * use1

Crosstab

Count

		use1		
		12 months or less	13 to 24 months	Total
gender	Female	14	91	105
	Male	27	93	120
Total		41	184	225

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.158[a]	1	.076		
Continuity Correction[b]	2.573	1	.109		
Likelihood Ratio	3.215	1	.073		
Fisher's Exact Test				.085	.054
N of Valid Cases	225				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 19.13.

b. Computed only for a 2x2 table

gender * education1

Crosstab

Count

	education1	Total

		Primary or No formal education	Secondary or Higher education	
gender	Female	18	93	111
	Male	27	110	137
Total		45	203	248

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.503[a]	1	.478		
Continuity Correction[b]	.296	1	.587		
Likelihood Ratio	.507	1	.477		
Fisher's Exact Test				.511	.294
N of Valid Cases	248				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 20.14.

b. Computed only for a 2x2 table

gender * living1

Crosstab

Count

		living1 with others	alone	with family	Total
gender	Female	10	16	92	118
	Male	27	11	101	139
Total		37	27	193	257

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	7.490[a]	2	.024
Likelihood Ratio	7.745	2	.021
N of Valid Cases	257		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 12.40.

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
marit1 * age1	248	94.3%	15	5.7%	263	100.0%
marit1 * employment1	258	98.1%	5	1.9%	263	100.0%
marit1 * admission1	218	82.9%	45	17.1%	263	100.0%
marit1 * duration1	224	85.2%	39	14.8%	263	100.0%
marit1 * use1	225	85.6%	38	14.4%	263	100.0%
marit1 * education1	248	94.3%	15	5.7%	263	100.0%
marit1 * living1	257	97.7%	6	2.3%	263	100.0%

marit1 * age1

Crosstab

Count

		age1			
		under 30 years	30-39 years	40 years and above	Total
marit1	Single	67	80	55	202
	Ever married	4	13	29	46
Total		71	93	84	248

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	23.314[a]	2	.000
Likelihood Ratio	23.586	2	.000
Linear-by-Linear Association	21.797	1	.000
N of Valid Cases	248		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 13.17.

marit1 * employment1

Crosstab

Count

		employment1		
		employed	unemployed	Total
marit1	single	79	130	209
	Ever married	18	31	49
Total		97	161	258

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.019[a]	1	.890		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.019	1	.890		
Fisher's Exact Test				1.000	.514
Linear-by-Linear Association	.019	1	.890		
N of Valid Cases	258				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 18.42.

b. Computed only for a 2x2 table

marit1 * admission1

Crosstab

Count

		admission1			
		3 or less	between 3 and 5	6 or more	Total
marit1	single	129	36	12	177
	Ever married	27	14	0	41
Total		156	50	12	218

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	5.776[a]	2	.056
Likelihood Ratio	7.726	2	.021
Linear-by-Linear Association	.001	1	.980
N of Valid Cases	218		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 2.26.

marit1 * duration1

Crosstab

Count

		duration1			
		5 years and below	6 to 10 years	11 years and above	Total
marit1	Single	93	56	29	178
	Ever married	25	11	10	46
Total		118	67	39	224

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.350[a]	2	.509
Likelihood Ratio	1.355	2	.508
Linear-by-Linear Association	.071	1	.790
N of Valid Cases	224		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.01.

marit1 * use1

Crosstab

Count

		use1		
		12 months or less	13 to 24 months	Total
marit1	Single	36	146	182
	Ever married	5	38	43
Total		41	184	225

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.551[a]	1	.213		
Continuity Correction[b]	1.052	1	.305		
Likelihood Ratio	1.692	1	.193		
Fisher's Exact Test				.274	.152
Linear-by-Linear Association	1.544	1	.214		
N of Valid Cases	225				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.84.

b. Computed only for a 2x2 table

marit1 * education1

Crosstab

Count

		education1		
		Primary or No formal education	Secondary or Higher education	Total
marit1	Single	31	173	204
	Ever married	14	30	44
Total		45	203	248

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6.733[a]	1	.009		

Continuity Correction[b]	5.660	1	.017		
Likelihood Ratio	6.009	1	.014		
Fisher's Exact Test				.016	.011
Linear-by-Linear Association	6.706	1	.010		
N of Valid Cases	248				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.98.

b. Computed only for a 2x2 table

marit1 * living1

Crosstab

Count

		living1			
		with others	alone	with family	Total
marit1	Single	36	23	149	208
	Ever married	1	4	44	49
Total		37	27	193	257

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	8.478[a]	2	.014
Likelihood Ratio	11.350	2	.003
Linear-by-Linear Association	8.384	1	.004
N of Valid Cases	257		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.15.

Crosstabs

Case Processing Summary

Cases

	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
age1 * employment1	245	93.2%	18	6.8%	263	100.0%
age1 * admission1	214	81.4%	49	18.6%	263	100.0%
age1 * duration1	217	82.5%	46	17.5%	263	100.0%
age1 * use1	216	82.1%	47	17.9%	263	100.0%
age1 * education1	237	90.1%	26	9.9%	263	100.0%
age1 * living1	244	92.8%	19	7.2%	263	100.0%

age1 * employment1

Crosstab

Count

		employment1		
		employed	unemployed	Total
age1	under 30 years	23	48	71
	30-39 years	34	56	90
	40 years and above	38	46	84
Total		95	150	245

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	2.733[a]	2	.255
Likelihood Ratio	2.737	2	.254
Linear-by-Linear Association	2.696	1	.101
N of Valid Cases	245		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 27.53.

age1 * admission1

Crosstab

Count

	admission1			
	3 or less	between 3 and 5	6 or more	Total

age1	under 30 years	43	11	6	60
	30-39 years	55	23	3	81
	40 years and above	56	14	3	73
Total		154	48	12	214

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	5.373[a]	4	.251
Likelihood Ratio	5.028	4	.284
Linear-by-Linear Association	1.220	1	.269
N of Valid Cases	214		

a. 3 cells (33.3%) have expected count less than 5. The minimum expected count is 3.36.

age1 * duration1

Crosstab

Count

		duration1			
		5 years and below	6 to 10 years	11 years and above	Total
age1	under 30 years	45	13	6	64
	30-39 years	42	24	14	80
	40 years and above	29	28	16	73
Total		116	65	36	217

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	12.994[a]	4	.011
Likelihood Ratio	13.314	4	.010
Linear-by-Linear Association	11.092	1	.001
N of Valid Cases	217		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.62.

age1 * use1

Crosstab

Count

		use1		
		12 months or less	13 to 24 months	Total
age1	under 30 years	12	42	54
	30-39 years	17	65	82
	40 years and above	12	68	80
Total		41	175	216

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.357[a]	2	.507
Likelihood Ratio	1.388	2	.500
Linear-by-Linear Association	1.205	1	.272
N of Valid Cases	216		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.25.

age1 * education1

Crosstab

Count

		education1		
		Primary or No formal education	Secondary or Higher education	Total
age1	under 30 years	10	59	69
	30-39 years	13	78	91
	40 years and above	19	58	77
Total		42	195	237

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	3.784[a]	2	.151
Likelihood Ratio	3.634	2	.163
Linear-by-Linear Association	2.694	1	.101
N of Valid Cases	237		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 12.23.

age1 * living1

Crosstab

Count

		living1			
		with others	alone	with family	Total
age1	under 30 years	11	6	54	71
	30-39 years	11	11	67	89
	40 years and above	11	10	63	84
Total		33	27	184	244

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.937[a]	4	.919
Likelihood Ratio	.964	4	.915
Linear-by-Linear Association	.012	1	.914
N of Valid Cases	244		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.86.

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
employment1 * admission1	218	82.9%	45	17.1%	263	100.0%
employment1 * duration1	221	84.0%	42	16.0%	263	100.0%
employment1 * use1	222	84.4%	41	15.6%	263	100.0%
employment1 * education1	245	93.2%	18	6.8%	263	100.0%
employment1 * living1	254	96.6%	9	3.4%	263	100.0%

employment1 * admission1

Crosstab

Count

		admission1			
		3 or less	between 3 and 5	6 or more	Total
employment1	employed	63	16	4	83
	unemployed	93	34	8	135
Total		156	50	12	218

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.250[a]	2	.535
Likelihood Ratio	1.268	2	.530
Linear-by-Linear Association	1.009	1	.315
N of Valid Cases	218		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 4.57.

employment1 * duration1

Crosstab

Count

		duration1			
		5 years and below	6 to 10 years	11 years and above	Total
employment1	employed	47	26	10	83

	unemployed	71	38	29	138
Total		118	64	39	221

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	2.878[a]	2	.237
Likelihood Ratio	3.009	2	.222
Linear-by-Linear Association	1.771	1	.183
N of Valid Cases	221		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 14.65.

employment1 * use1

Crosstab

Count

		use1		
		12 months or less	13 to 24 months	Total
employment1	Employed	12	80	92
	unemployed	29	101	130
Total		41	181	222

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.071[a]	1	.080		
Continuity Correction[b]	2.486	1	.115		
Likelihood Ratio	3.171	1	.075		
Fisher's Exact Test				.113	.056
Linear-by-Linear Association	3.057	1	.080		
N of Valid Cases	222				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 16.99.

b. Computed only for a 2x2 table

employment1 * education1

Crosstab

Count

		education1		
		Primary or No formal education	Secondary or Higher education	Total
employment1	employed	8	82	90
	unemployed	37	118	155
Total		45	200	245

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.524[a]	1	.004		
Continuity Correction[b]	7.554	1	.006		
Likelihood Ratio	9.325	1	.002		
Fisher's Exact Test				.003	.002
Linear-by-Linear Association	8.489	1	.004		
N of Valid Cases	245				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 16.53.

b. Computed only for a 2x2 table

employment1 * living1

Crosstab

Count

		living1			
		with others	alone	with family	Total
employment1	employed	19	7	71	97

unemployed	18	20	119	157
Total	37	27	190	254

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	4.490[a]	2	.106
Likelihood Ratio	4.504	2	.105
Linear-by-Linear Association	1.294	1	.255
N of Valid Cases	254		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.31.

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
admission1 * duration1	208	79.1%	55	20.9%	263	100.0%
admission1 * use1	193	73.4%	70	26.6%	263	100.0%
admission1 * education1	207	78.7%	56	21.3%	263	100.0%
admission1 * living1	214	81.4%	49	18.6%	263	100.0%

admission1 * duration1

Crosstab

Count

		duration1			
		5 years and below	6 to 10 years	11 years and above	Total
admission1	3 or less	92	37	17	146
	between 3 and 5	20	18	12	50
	6 or more	0	5	7	12

Total	112	60	36	208

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	28.382[a]	4	.000
Likelihood Ratio	30.488	4	.000
Linear-by-Linear Association	26.220	1	.000
N of Valid Cases	208		

a. 2 cells (22.2%) have expected count less than 5. The minimum expected count is 2.08.

admission1 * use1

Crosstab

Count

		use1		
		12 months or less	13 to 24 months	Total
admission1	3 or less	29	109	138
	between 3 and 5	7	36	43
	6 or more	0	12	12
Total		36	157	193

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	3.419[a]	2	.181
Likelihood Ratio	5.612	2	.060
Linear-by-Linear Association	2.925	1	.087
N of Valid Cases	193		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 2.24.

admission1 * education1

Crosstab

Count

		education1		
		Primary or No formal education	Secondary or Higher education	Total
admission1	3 or less	23	126	149
	between 3 and 5	8	38	46
	6 or more	3	9	12
Total		34	173	207

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.780[a]	2	.677
Likelihood Ratio	.711	2	.701
Linear-by-Linear Association	.646	1	.422
N of Valid Cases	207		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 1.97.

admission1 * living1

Crosstab

Count

		living1			
		with others	alone	with family	Total
admission1	3 or less	21	11	120	152
	between 3 and 5	3	12	35	50
	6 or more	3	2	7	12
Total		27	25	162	214

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	13.591[a]	4	.009
Likelihood Ratio	12.570	4	.014
Linear-by-Linear Association	1.265	1	.261
N of Valid Cases	214		

a. 2 cells (22.2%) have expected count less than 5. The minimum expected count is 1.40.

Crosstabs

Notes

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
duration1 * use1	200	76.0%	63	24.0%	263	100.0%
duration1 * education1	213	81.0%	50	19.0%	263	100.0%
duration1 * living1	220	83.7%	43	16.3%	263	100.0%

duration1 * use1

Crosstab

Count

		use1		
		12 months or less	13 to 24 months	Total
duration1	5 years and below	28	79	107
	6 to 10 years	0	58	58
	11 years and above	3	32	35
Total		31	169	200

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	21.220[a]	2	.000
Likelihood Ratio	29.029	2	.000
Linear-by-Linear Association	12.536	1	.000
N of Valid Cases	200		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.43.

duration1 * education1

Crosstab

Count

		education1		
		Primary or No formal education	Secondary or Higher education	Total
duration1	5 years and below	15	96	111
	6 to 10 years	10	53	63
	11 years and above	11	28	39
Total		36	177	213

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	4.503[a]	2	.105
Likelihood Ratio	4.088	2	.130
Linear-by-Linear Association	3.763	1	.052
N of Valid Cases	213		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.59.

duration1 * living1

Crosstab

Count

		living1			
		with others	alone	with family	Total
duration1	5 years and below	16	10	90	116
	6 to 10 years	7	8	52	67
	11 years and above	6	4	27	37
Total		29	22	169	220

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.254[a]	4	.869
Likelihood Ratio	1.262	4	.868
Linear-by-Linear Association	.120	1	.729
N of Valid Cases	220		

a. 2 cells (22.2%) have expected count less than 5. The minimum expected count is 3.70.

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
use1 * education1	214	81.4%	49	18.6%	263	100.0%
use1 * living1	221	84.0%	42	16.0%	263	100.0%

use1 * education1

Crosstab

Count

	education1	Total

		Primary or No formal education	Secondary or Higher education	
use1	12 months or less	11	26	37
	13 to 24 months	29	148	177
Total		40	174	214

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.586[a]	1	.058		
Continuity Correction[b]	2.762	1	.097		
Likelihood Ratio	3.264	1	.071		
Fisher's Exact Test				.066	.053
Linear-by-Linear Association	3.570	1	.059		
N of Valid Cases	214				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.92.

b. Computed only for a 2x2 table

use1 * living1

Crosstab

Count

		living1			
		with others	alone	with family	Total
use1	12 months or less	5	6	28	39
	13 to 24 months	24	16	142	182
Total		29	22	170	221

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.568[a]	2	.457
Likelihood Ratio	1.414	2	.493
Linear-by-Linear Association	.223	1	.637

N of Valid Cases	221		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 3.88.

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
education1 * living1	244	92.8%	19	7.2%	263	100.0%

education1 * living1 Crosstabulation

Count

		living1			
		with others	alone	with family	Total
education1	Primary or No formal education	9	2	34	45
	Secondary or Higher education	28	23	148	199
Total		37	25	182	244

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	2.670[a]	2	.263
Likelihood Ratio	2.999	2	.223
Linear-by-Linear Association	.151	1	.697
N of Valid Cases	244		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is 4.61.

Appendices

Appendices